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New York State Attorney General
Public Hearing On Access To Mental
Health Care In Western New York
January 18, 2023

1 AG LETITIA JAMES: Good morning,
2 everyone.

3 WOMAN: Is this on? Hello.

4 AG LETITIA JAMES: If you don't know --

5 WOMAN: Everybody take their seats,
6 please.

7 AG LETITIA JAMES: -- my name is
8 Letitia James --

9 WOMAN: We're about to begin.

10 AG LETITIA JAMES: -- and I want to
11 welcome all of you --

12 WOMAN: It is now 11:01 and I
13 (indiscernible).

14 AG LETITIA JAMES: -- to this hearing.
15 March will mark three years --

16 WOMAN: Good morning, everyone.
17 Cameras, heads up.

18 AG LETITIA JAMES: So --

19 WOMAN: Hello.

20 AG LETITIA JAMES: -- if you don't
21 know, my name is Letitia James --

22 WOMAN: Everybody take their seats
23 please. We're about to begin.

24 AG LETITIA JAMES: -- and I want to
25 welcome all of you --

1 WOMAN: It is now 11:01

2 (indiscernible).

3 AG LETITIA JAMES: -- to this hearing.
4 March will mark three years --

5 (sound overlap)

6 AG LETITIA JAMES: -- that are battling
7 anxiety, or stress, or depression brought on by
8 grief, fear, or helplessness, or pre-existing
9 serious mental illness exasperated by
10 overburdened system challenged to provide
11 necessary critical care. This is not -- they're
12 battling anxiety, or stress, or depression. And
13 without real tangible action and intentional
14 change, this mental health crisis will continue.
15 And one of the greatest obstacles we face is an
16 unrelenting decline in the number of inpatient
17 psychiatric beds available for our most
18 vulnerable.

19 And as we struggle to provide
20 accessible long-term services for those who need
21 them most, demand continues to increase. In the
22 governor's State of the State Address last week,
23 the governor announced a proposal to deliver the
24 beds and care capacity that we so desperately
25 need, and that proposal is promising. It is

1 encouraging, and I support the governor in her
2 effort. But still there is much to be done for
3 it to be successfully realized.

4 In response to the pandemic, more than
5 1,000 patient psychiatric care beds were
6 eliminated or converted to COVID-19 care. As
7 late as November 2022, the (no sound) hospital in
8 Niagara County closed its inpatient psychiatric
9 unit in November of 2019. That's three
10 hospitals. Soldiers and Sailors Memorial, Brooks
11 TLC, and Easton Niagara Hospital.

12 We also know that Medicaid doesn't
13 provide coverage for long-term stays for mental
14 health care and hospitals with fewer than 16 beds
15 for the vast majority of patients. And while
16 there is federal legislation pending, people
17 unfortunately are still hurting. And other
18 hospitals are forced to deal with an
19 unsustainable demand for beds and services.

20 Erie County Medical Center's
21 Comprehensive Psychiatric Emergency Program is
22 the busiest program of its kind in New York.
23 This hospital has absorbed many patients coming
24 from Niagara County where there are very few
25 services, and patients are almost always waiting

1 in the hospital's emergency department for an
2 inpatient psychiatric bed.

3 In recent years, brave and determined
4 nurses confronted administrators at ECMC about
5 the facility's staffing plans. They are
6 understaffed and overcrowded putting both
7 patients and nurses in harm's way. We've been
8 told stories of children left behind at the
9 emergency department for behavioral or mental
10 health disturbances. They are left behind to
11 live in hospitals because community based
12 alternatives and services are inadequate and
13 understaffed.

14 Advocates tell us children in foster
15 care are unable to get referrals to residential
16 treatment facilities because they have no where
17 permanent to go afterward. And we know where
18 some of them end up. Some of them end up with
19 run-in -- with run-ins with their -- with the
20 police, which only limits their options. With
21 low capacity at detention facilities, police
22 report they have no where to take them but to
23 programs like the one at Erie County Medical
24 Center.

25 And though we are beginning to put the

1 pieces back together, it will take years, years
2 to reverse the impacts of the lack of accessible
3 long-term psychiatric care on our communities and
4 in this community. And in the absence of that
5 care, we have seen an increased over-dependence
6 on hospital emergency departments and frantic
7 calls to 911.

8 Care for serious mental illness does
9 not happen overnight. It cannot be solved by one
10 visit from emergency medical personnel. Without
11 services and long-term support, the same people
12 are ending up in the same situations over and
13 over again. And oftentimes we find them in our
14 correctional facility, the subject of another
15 911, back in the emergency department, parents
16 desperately trying to find answers to help their
17 loved one.

18 They end up on our streets unhoused in
19 overrun shelters lost to the system that failed
20 them with little hope of accessing the medication
21 or services that they need. No care. Endless
22 consequences. The devastation, the harm, the
23 loss. I know that it's crushing.

24 A pastor, Pastor Robinson of Spirit of
25 Truth Urban Ministry in East Buffalo welcomed

1 more than 100 of her neighbors to take refuge in
2 her church during this most recent violent storm
3 that claimed dozens of lives. She summed up how
4 too many are feeling. We haven't really got a
5 chance to heal. When are we going to have a
6 moment to just breathe? And that's why we're
7 here today. To find the space to heal and to
8 help build the room to breathe, and not to be
9 judgmental, but to let individuals bear their
10 souls and to talk about the challenges in the
11 mental health system.

12 This hearing is not limited to any one
13 population or any single patient. We are
14 examining the entire system from Buffalo to
15 Brooklyn because each region of our great state
16 is navigating its own unique challenges in its
17 own unique landscape. In June, we held our first
18 mental health hearing in New York City. We heard
19 from our downstate neighbors, and today we are
20 hearing about the compounding crisis facing
21 western New Yorkers.

22 We'll hear from elected officials
23 advocacy organizations, healthcare providers, and
24 government agencies. But more importantly, we
25 will hear from members of the public and

1 specifically family members, your family, your
2 friends, and your neighbors who will tell us
3 about their encounters with the mental healthcare
4 delivery system in the state of New York. We've
5 already received dozens of written testimony from
6 western New Yorkers, and several have joined us
7 here today, and I really want to thank you.

8 I want to take this time to thank each
9 and every one of you for coming out here today.
10 Whether you are here with us in person, sharing
11 testimony in writing, or turning in on our
12 livestream, we thank you. Your experience, your
13 input, and your time are all critical to our
14 efforts. And throughout this hearing, we'll give
15 those who live with and through the challenges of
16 mental illness the space that they deserve to be
17 seen and to be heard.

18 We are seeking to root out areas of
19 dysfunction and discuss potential avenues for
20 reform and then bring it to the appropriate
21 individuals, or in the case of our office, pursue
22 it legally. My office will review everything
23 that is said here today along with the hundreds
24 of written submissions that we have received. If
25 you have not shared with us and have a story to

1 tell, we still want to hear from you. You have
2 until this Friday to submit your testimony.
3 That's Friday, January 20th.

4 We welcome and encourage you to submit
5 your testimony online at [ag.ny.gov/governmental-](http://ag.ny.gov/governmental-health-hearing)
6 [health-hearing](http://ag.ny.gov/governmental-health-hearing). Again, [ag.ny.gov/governmental-](http://ag.ny.gov/governmental-health-hearing)
7 [health-hearing](http://ag.ny.gov/governmental-health-hearing).

8 Before we begin, I'd like to take a
9 moment to thank the tremendous staff here at the
10 Buffalo and Erie County Public Library for
11 welcoming us. I love libraries. I used to --
12 yes.

13 (applause)

14 AG LETITIA JAMES: I don't know if all
15 of you are old enough to remember the stacks that
16 they had in public libraries. I used to hide
17 away in the stacks, and I introduced myself to so
18 many books, and we love libraries.

19 I also want to introduce the
20 individuals who are on the dais with me. To my
21 far left is Gina Bull. She's an Assistant
22 Attorney General and Special Assistant to the
23 First Deputy Attorney General. Gina's been with
24 me for a very long time.

25 Jennifer Levy is to my immediate left.

1 She is my First Deputy Attorney General, someone
2 who's been with me for a very long time.

3 To my immediate right is Michael
4 Reisman who is a genius as they say, someone
5 who's well-steeped in the -- in healthcare. And
6 he's an Assistant Attorney General in the
7 Healthcare Bureau of the Office of the Attorney
8 General. And they will be here throughout the
9 hearing to ask questions and retain critical
10 information that will aid in our follow-up
11 actions in the weeks and months to come.

12 And of course all the way to my far
13 right is our parliamentarian, who I will turn it
14 over to now. She's the Assistant Attorney
15 General Stephanie Calhoun who will go over the
16 rules and process for today's hearing and
17 introduce panels of witnesses. And she will lead
18 us forward.

19 Stephanie, you have the floor.

20 AAG STEPHANIE CALHOUN: Thank you very
21 much, AG James. Good morning and welcome,
22 everyone. I'm Stephanie Calhoun. I'm an
23 Assistant Attorney General in the Buffalo
24 Regional Office, and I will be today's
25 parliamentarian for today's hearing.

1 In this role, I am responsible for the
2 timing and the flow of the proceedings, and I
3 will provide a brief overview of how that will
4 happen. Each individual making a statement or
5 testifying will have an allotted time to speak
6 today. There is a clock that will count down
7 both to the panel and to the individual speaker
8 so that they can monitor their own time.

9 I will give a 30-second warning by
10 showing a piece of pink paper so that the speaker
11 will know to conclude their testimony. And after
12 each speaker is done, there will be time for
13 questions and answers, if any, both individually
14 and in small groups.

15 Now I would like to introduce our first
16 speaker County Executive Mark Poloncarz.

17 MARK POLONCARZ: Thank you, Madam
18 Parliamentarian, and thank you to all that are
19 gathered here today, especially Attorney General
20 Letitia James and her team for joining us to talk
21 about this very important topic of mental health
22 services for all. And I'd like to thank you for
23 choosing the Buffalo and Erie County Library
24 owned by the people of Erie County.

25 Unfortunately, there is a mental health

1 crisis in America from addressing the opiate and
2 addiction epidemic to the lack of appropriate
3 housing for those suffering from a mental health
4 problem, to the mental health issue facing our
5 children in a post-COVID-19 environment. Our
6 nation is facing a mental health crisis unlike
7 any other.

8 Due to our role as a key partner in the
9 provision of health and mental health services to
10 our community, Erie County has been an active
11 partner in addressing all of these issues. As
12 county executive, I've made it a priority of our
13 administration to increase access to mental
14 health services for all throughout my tenure.

15 Between the COVID-19 pandemic, the May
16 14th mass shooting, and most recently the
17 Christmas blizzard of last month, the need to
18 access mental health services for all has never
19 been more important. I would like to use my
20 brief time to share what steps we have recently
21 undertaken to help our residents in case others
22 in attendance are not aware of these programs,
23 and also would like to speak in favor of a number
24 of initiatives that have been -- recently been
25 announced.

1 First, Erie County's newest initiative
2 is called Erie County SMART Collaborative. SMART
3 Supporting Mental Health by Advocating for
4 Resources Together, is an initiative that brings
5 together preschool through 12th grade educators,
6 community agencies, and Erie County
7 representatives to collaborate on available
8 mental health and social emotional learning tools
9 within our community.

10 The goal of Erie County SMART is to
11 ensure our students and their families are
12 connected to the many mental health services that
13 are available. For example, as part of SMART to
14 be launched later this year, families will be
15 able to use a SMART phone app that will allow
16 parents to access mental health services
17 specifically for their children's needs.

18 This regionwide approach will provide
19 the opportunities, identify emerging needs, and
20 build the capacity to meet the needs of children,
21 which as we know are completely different than
22 those of adults. I want to thank all the
23 partners involved, including Erie 1 and Erie 2
24 BOCES as well as all the school districts who
25 believe that this will help our children.

1 Next, our Erie County Office of Health
2 Equity would begin offering mental health first
3 aid training for 2,000 members of our community
4 in the coming weeks. This first aid training is
5 to help peers, teachers, coworkers, supervisors,
6 or anyone else in our community to have the
7 knowledge in how to recognize and respond to
8 signals and symptoms of mental health or
9 substance abuse challenge in adults and youth.

10 We know often that the first steps can
11 be identified if individuals know what to look
12 for, and that is why we will be training those
13 individuals so that they can identify early on a
14 mental health need.

15 We know there are no silver bullets in
16 the public policy of this area, but we understand
17 that there are certain actions that can be taken
18 and should be taken to address this. That's why
19 I do support a number of the initiatives that
20 were announced by Governor Kathy Hochul in her
21 recent State of the State.

22 I wholeheartedly endorse the governor's
23 call to increase the operational capacity by
24 1,000 beds for inpatient psychiatric treatment
25 that will create also 3,500 units of housing to

1 serve New Yorkers with mental health illness.
2 Our mental health department also supports this
3 call and believes it will help alleviate the
4 issues faced by the Erie County Medical Center's
5 Comprehensive Psychiatric Emergency Program,
6 otherwise known as CPEP, a significant concern in
7 our community.

8 I also support Governor Hochul's call
9 to increase insurance coverage for mental health
10 services, expand outpatient mental health
11 services, and better account for hospital
12 admissions and discharges to address the needs
13 that are suffering from a mental health illness.

14 Unfortunately, with the
15 deinstitutionalization of a lot of individuals,
16 hospitals and prisons are now their homes. We
17 need to find a place for them that can care for
18 them every day of the year.

19 (applause)

20 MARK POLONCARZ: These are just a few
21 of the necessary steps that will begin to address
22 the crisis in Erie County as well as across New
23 York state. I ask all New York state partners in
24 government to support these initiatives to build
25 a stronger, better, and healthy Erie County for

1 all. And I thank you, Attorney General James,
2 for bringing forth this very important subject
3 and giving us an opportunity to discuss it and
4 hopefully create a better community for all.
5 Thank you.

6 AAG STEPHANIE CALHOUN: Thank you,
7 County Executive.

8 (applause)

9 AAG STEPHANIE CALHOUN: And let's give
10 a round of applause to the County Executive on
11 his response to the recent snow storm. He did an
12 amazing job. So thank you.

13 (applause)

14 MARK POLONCARZ: Thank you. We have a
15 great team.

16 AAG STEPHANIE CALHOUN: Yes, you do. I
17 don't really have any questions. Anyone have --
18 on the panel have a question?

19 AAG MICHAEL REISMAN: I just have a
20 quick question, sir, and it relates to the snow
21 storm. Obviously, there was a tremendous crisis
22 --

23 MARK POLONCARZ: Mm-hmm.

24 AAG MICHAEL REISMAN: -- in this region
25 and it received international media coverage for

1 the crisis itself, as well as for the response.
2 Are there aspects of the County's response that
3 could be utilized, maybe they already are being
4 utilized, in forward thinking in terms of
5 responding to the mental health crisis?

6 MARK POLONCARZ: Well, through our
7 Department of Mental Health, we are sort of the
8 overseeing agency for all the subagencies, the
9 not-for-profits who often receive financial aid
10 through Erie County that is also passed down from
11 New York State. So we have a good relationship
12 with all of those entities to ensure that they
13 have the necessary means at their disposal so
14 that they can get through a storm.

15 One of the things that we learned,
16 especially with the creation of our 858 snow
17 number is a number to help citizens in need for
18 what would be considered a non-911 crisis is that
19 it started to become the phone call that was used
20 by the community when they couldn't get through
21 the 911 when it was too busy, or services
22 couldn't be provided.

23 We have a list of individuals that of
24 course called their phone numbers and addresses
25 if they provided it who were going through

1 serious situations there, some who thought they
2 were going to die in their vehicle, others who
3 thought they may die at home due to lack of
4 having electricity and heat. So for us, we want
5 to ensure that those individuals not only go
6 through that initial crisis situation, but that
7 they also are able to move on from it.

8 Our community has taken hit after hit
9 after hit. The end of the COVID -- well, we
10 really don't have the end of the COVID-19 --

11 AAG MICHAEL REISMAN: Right.

12 MARK POLONCARZ: -- crisis. It's just
13 slowed down. To of course the shooting on May
14 14th to a terrible snow storm in November that
15 took lives to the blizzard to five children who
16 died in a horrific fire on New Year's Eve. And
17 then of course the -- I didn't include it in my
18 testimony, but the mental health crisis that was
19 in some ways created by the Damar Hamlin incident
20 --

21 AAG STEPHANIE CALHOUN: Yeah.

22 MARK POLONCARZ: -- and the effect it
23 had on individuals who are not used to it. So
24 our goal is to ensure that the resources are
25 available. We know there are plenty of resources

1 in our community. The difficulty is also often
2 matching them to the specific need of an
3 individual. That's why we created Erie County
4 SMART to help parents find out what is available
5 to help their children in a situation such as
6 that, and any individual who's dealing with a
7 crisis situation, or just wants to talk to a
8 counselor.

9 We have the ability to match them.
10 They just have to contact us. And as we all
11 know, sometimes communication is the most
12 difficult part, getting that information out so
13 that people can take advantage of the services
14 that do exist.

15 AG LETITIA JAMES: And County
16 Executive, in the next state budget, will there
17 be additional resources for community based
18 organizations to make up for the loss of beds?

19 MARK POLONCARZ: I hope so.

20 AG LETITIA JAMES: Okay.

21 MARK POLONCARZ: There's a significant
22 need for it in this community. As is known in
23 this community, there is an issue associated with
24 the Erie County Medical Center's CPEP program.

25 AG LETITIA JAMES: Yeah.

1 MARK POLONCARZ: It is often because
2 they cannot release individuals who need to be
3 released because there's no place for them to go
4 in the community. They can't just be released on
5 their own. And it is a concern. Our Department
6 of Mental Health has been watching it for some
7 time, discussing it with CPEP, discussing it with
8 the Office of Mental Health for New York State
9 knowing that you cannot just place individuals in
10 hospitals and have them stay there permanently,
11 which unfortunately is what's happening in some
12 situations with CPEP.

13 It happened a lot with regards to
14 COVID-19 in which individuals who came in with
15 COVID-19 and were sick but could not be moved
16 back out in the community because there were no
17 beds available for them.

18 AG LETITIA JAMES: Right.

19 MARK POLONCARZ: So they became almost
20 permanent residents of Erie County Medical Center
21 Corporation, and that is an unsustainable model.
22 So we need to have more beds available, and I do
23 hope it is included in the upcoming state budget.

24 AG LETITIA JAMES: Thank you, County
25 Executive. Thank you for your testimony. I

1 appreciate you. Thank you so much.

2 MARK POLONCARZ: Have a good day.

3 (no sound)

4 AAG STEPHANIE CALHOUN: -- the next
5 testimony, which will be held virtually by
6 Senator Samra Brouk, Mental --

7 (no sound)

8 SENATOR SAMRA BROUK: -- week we heard
9 a proposed \$1 billion investment in New York's
10 mental healthcare system. And as wonderful as
11 that sounds, we must stay laser-focused on what
12 we know will improve our systems, not in the
13 distant future, but today.

14 Before we consider any changes to our
15 mental healthcare system, we must first address
16 the underlying staffing challenges we face here
17 in New York. Right now, families in need of care
18 are waiting up to nine months to see a provider.
19 We must invest in a well-trained, well-
20 compensated workforce.

21 And as we look to strengthen our
22 workforce, we must also ensure that we have the
23 right professionals to respond to mental health
24 emergencies. Too often situations needlessly
25 escalate often causing further harm to those in

1 crisis simply because our emergency system was
2 not built with their needs in mind.

3 I sponsored Daniel's Law, named for
4 Daniel Prude, who was killed following a law
5 enforcement response to his mental health
6 emergency. This legislation would ensure that
7 qualified mental health providers are first to
8 respond to those moments of crisis rather than
9 law enforcement, and that we meet those in crisis
10 with compassionate care and never brute force.

11 Finally, we must recognize that mental
12 healthcare must begin earlier in an individual's
13 life. That means not only offering more services
14 to young people, but considering more support
15 services for burdened parents as they bring their
16 children into this world. Providing services
17 such as doula care is a proven step to improving
18 maternal mental health outcomes, and thus setting
19 a stronger, more stable foundation for our
20 children and families.

21 In 2023, we find ourselves
22 unfortunately in the crisis after the crisis, the
23 epidemic following the pandemic. We must respond
24 swiftly and intentionally to this crisis by
25 investing in mental healthcare, and ensuring that

1 our system is accountable to the needs of New
2 Yorkers.

3 Again, quickly, I do want to thank our
4 Attorney General for the opportunity to speak and
5 for coming to us through New York to ensure our
6 voices are heard when it comes to her role in
7 addressing the mental health crisis. Thank you.

8 AAG STEPHANIE CALHOUN: Thank you.
9 Senator, can you hear us?

10 SENATOR SAMRA BROUK: I can hear you.

11 AAG STEPHANIE CALHOUN: Okay. I
12 understand there was a rally this morning in
13 support of that, the Daniel Prude legislation.
14 What's the likelihood that it's going to pass in
15 this legislative session? Senator?

16 SENATOR SAMRA BROUK: Yes. I can hear
17 you again.

18 AG LETITIA JAMES: Did you hear the
19 question?

20 SENATOR SAMRA BROUK: I heard -- I lost
21 you.

22 AG LETITIA JAMES: Oh, okay. So there
23 was a rally, I understand, in support of that
24 legislation, the Daniel Prude legislation, this
25 morning from what I understand. What's the

1 likelihood that it's going to pass in the
2 session?

3 SENATOR SAMRA BROUK: Well, I'm hopeful
4 that we will strongly consider it this session.
5 I think honestly one of the most incredible
6 things about this legislation is that it's
7 bipartisan, and I think there are very few things
8 in this day and age that we can say folks on any
9 side of the aisle support. And so that's
10 something that's really, really encouraging to
11 me.

12 I think we've seen that there are
13 everyone from the top executive of New York down
14 to, you know, some of our local precincts here in
15 New York state that folks realize the system
16 we've created is not meant to help people in a
17 mental health crisis. And so we've enjoyed
18 support from a statewide coalition, including
19 Daniel Prude's family, on this measure. And I'm
20 hoping that we can actually move it forward this
21 year.

22 Again, when we look at that, you know,
23 billion dollar investment that was promised in
24 the State of the State, some of that funding goes
25 to some of these mental health emergency system

1 changes. And this is the reform I think will
2 make the biggest impact for all of New York.

3 AG LETITIA JAMES: And you indicated
4 you support the \$1 billion initiative proposed by
5 the governor in her State of the State Address.
6 Do you suspect that there'll be an increase in
7 that \$1 billion initiative?

8 SENATOR SAMRA BROUK: You know, I think
9 it's \$1 billion over five years. So certainly
10 it's a huge step forward. We've got an executive
11 who understands the nature of the crisis. But
12 one thing I have to add is that all of this will
13 be for naught if we don't do what we need to do
14 to invest in the workforce.

15 And so while I support increased
16 investment, the truth is that's not going to
17 solve the crisis we're in. And what we really
18 need to do is also consider how we're going to
19 take care of those who take care of us and our
20 families by retaining and recruiting even more
21 mental health providers. Because all of those
22 programs that were lined up, all the programs we
23 hope to bring online to better serve New Yorkers
24 are only possible if we've got the caring human
25 beings who are licensed and ready to do the work.

1 And so there's a lot we need to do with the
2 workforce as well.

3 AG LETITIA JAMES: And do you also
4 support the fact that -- making sure that beds
5 that were converted to COVID beds during the
6 pandemic are returned to the psychiatric units?

7 SENATOR SAMRA BROUK: We absolutely
8 need to bring those beds back online. We
9 absolutely -- I think I heard the tail end of
10 previous testimony that we simply don't have
11 anyplace to place folks who even come voluntarily
12 to get the care that they need. And they are
13 assessed, and they have a treatment plan, and
14 they need a bed to take that treatment on. And
15 we don't have them right now.

16 So absolutely in support of bringing
17 those beds online, and really considering what we
18 can all do to make sure that we're holding folks
19 accountable for bringing those beds back online.

20 AG LETITIA JAMES: Members on the dais
21 have any questions?

22 AAG MICHAEL REISMAN: Senator, just a
23 quick question. How will the proposed
24 legislation ensure appropriate crisis response in
25 both urban and rural areas around the state?

1 SENATOR SAMRA BROUK: That's a
2 fantastic question and one that I obviously took
3 seriously when introducing this bill in my first
4 term and continuing to do so in this term.
5 Because I represent urban, suburban, and rural
6 areas, right? And I have a very diverse
7 constituency that is going to need that care.

8 One of the things that we really took
9 into account when it comes to Daniel's Law is the
10 idea of regional input and making sure that a
11 crisis response structure may look different.
12 And I'll just name Bloomfield for any western New
13 Yorkers who might Ontario County in my neck of
14 the woods.

15 It might look very different there than
16 it does in the city of Rochester. So that is
17 part of what we've been doing in the last two
18 years of really making sure we have a full
19 statewide coalition that, yes, did it start in
20 the city of Rochester? Because that's
21 unfortunately where Daniel Prude lost his life.
22 Yes, but we've been intentional in making sure
23 that those voices are included as we iterate and
24 make sure that this is truly legislation that
25 best serves folks from all over the state.

1 AG LETITIA JAMES: Thank you, Senator.
2 Thank you for your testimony. I appreciate it.

3 SENATOR SAMRA BROUK: Thank you so
4 much.

5 AAG STEPHANIE CALHOUN: We will now
6 have our next panel who are individuals with
7 family members or lived experiences. I would
8 like to introduce the panel. Elisa and Joe
9 Tobia, Brendan Orr, Tylica Pope. I ask that we
10 start with Ms. Pope. Please be mindful of the
11 time. And you may hear a beep, and that will
12 signify the end, and I'll alert you when you get
13 close.

14 TYLICA POPE: Thank you. Can you hear
15 me?

16 AAG STEPHANIE CALHOUN: Mm-hmm.

17 TYLICA POPE: Okay. I thought it was
18 going to go the other way, but thank you for
19 allowing me to start. Again, as they spoke, I am
20 Tylica Pope. Most people call me Ty. It may not
21 look like it, but I am someone with lived
22 experience. I have had the opportunity to be
23 able to help to navigate through the mental
24 health system.

25 As a youth and now in my current

1 position as the vice president of Specialty
2 Substance Use Disorders and housing, I also have
3 the privilege to be able to work with individuals
4 who have mental health and just also looking to
5 navigate through the system. From my experience
6 with mental illness, I have lived with mental
7 illness for many years and tried to access
8 services very -- at a very young age, which had
9 been very difficult.

10 When you are desperate, you feel alone,
11 you feel isolated, you feel alienated because
12 there's only one door for you. At the time, it
13 was one door for you to go in to get services.
14 You had to go to the emergency room to access
15 those services. And sometimes I know for me that
16 wasn't always the best avenue for services trying
17 to go receive services in what seemed to a
18 retrofitted treatment or process for individuals.

19 Thank you. Okay. Sorry about that.
20 There are multiple barriers that I had dealt
21 with, and I also identified opportunities to
22 support to include the system. I depended on
23 services to provide and obtain my recovery and
24 treatment. You know, being diagnosed with mental
25 illness, again through desperation, having those

1 -- looking for answers to be able to assess with
2 the care that I needed.

3 And also being a woman of color, in a
4 black community where mental health was frowned
5 upon for seeking treatment. People didn't
6 understand me, your family didn't understand you,
7 community didn't understand you. And so having
8 to go to a system to where you only can access
9 services through this one door was not always
10 beneficial.

11 Now being a service provider and
12 understanding that we need to have multiple
13 pathways of recovery for individuals, you know,
14 the Certified Community Behavioral Health
15 initiatives weren't very helpful because you're
16 able to offer individuals with multiple pathways.
17 They can see multiple service providers in one
18 day.

19 They have peer services where
20 individuals are able to access services and care
21 for people that don't understand it and they
22 don't know what to expect. So that was very --
23 you know, it helps break down the barrier of
24 mental illness where it's more inclusive and
25 collaborative, less shaming because there's

1 choice -- there's a choice there.

2 Helping to bridge the gap for services
3 and relate -- help people to relate and connect
4 to individuals that they can understand, which is
5 very important, you know, understanding that, you
6 know, the workforce -- right now we have a
7 workforce crisis, and we don't have enough
8 funding to be able to have individuals work to
9 provide this care.

10 And so it's very important that I know
11 we have new initiatives coming on board.
12 However, we also need to be able to sustain
13 what's available right now because that's been
14 working. And so putting our finances to be able
15 to maintain those services as well as other
16 innovative initiatives to be able to allow people
17 the support they need for care.

18 We also want to -- I want to talk about
19 the, you know, crisis stabilization centers.
20 That's also very hopeful because those will offer
21 peer supports. I started my work as a peer. And
22 if you think about it, if you have people being
23 able to access services that they can relate to
24 and that's necessary for them, they'll be able to
25 be just like me one day, vice president. One day

1 a counselor, one day an attorney general, who
2 knows? The possibilities are endless when we
3 make sure that we have a service structure that's
4 able to support people in their recovery.

5 And so I'm here to talk about not only
6 having -- being a woman of experience with mental
7 illness, I'm also talking about -- I'm also
8 standing here as a living product of how that
9 services can work and change your life. Very
10 transformative, but we also have to make sure
11 that the funding lines up with the support that,
12 excuse me, that we're offering individuals.

13 AG LETITIA JAMES: Thank you.

14 (applause)

15 TYLICA POPE: Thank you.

16 ELISA TOBIA: Hello. My name is Elisa
17 Tobia. I'm from Corning, New York, and my
18 husband Joe is with my son's photo Matthew Tobia.
19 Corning, New York, first of all before I talk
20 about Matthew, Corning is in Steuben County. If
21 you look up the geography of Steuben County, it's
22 probably almost as big as Rhode Island with a
23 population of about 95,000 people, okay? Rhode
24 Island has I think 1.1 million people, so that's
25 a factor. Population, funding.

1 But to start at my script to stay
2 within my minutes, it's my honor here today to
3 present this testimony, and I understand that
4 it's the first reform look since 1970s. I'm a
5 family consumer sciences educator, and I'm
6 confident in the processes that are employed by
7 the Attorney General's Office to identify the
8 common threads, the benefits within the system to
9 aid all of us affected by mental illness.

10 My wish, though, would've been that
11 Matthew my son would be here to express his
12 experience firsthand. He died by suicide in
13 August of 2021. Feels like yesterday, so I pause
14 on the date. He and I did a lot of consumer
15 advocacy during his lifetime. In his absence,
16 though, I will share this.

17 Matthew was a stellar high school
18 athlete on a lacrosse scholarship to play a
19 division one University of Delaware where he
20 suffered a career-ending injury during the time
21 with the opiates were handed out by doctors under
22 advisement by pharmaceutical industry. You know,
23 the candy stuff.

24 Well, it took him four years, but he is
25 a testament to being able to beat opiate

1 addictions. Subsequently, though, his brain was
2 altered, and he suffered a severe mental illness
3 in the form of schizoaffective disorder. In his
4 lifetime, he had a varying quality of healthcare
5 policies, which I can provide to you so you can
6 track what do you get when you're on Anthem or
7 Medicaid or straight Medicaid. But I won't do
8 that because we only have a couple of minutes.

9 So it's a huge player, and it's --
10 health insurance drives what happens in all of
11 medicine. We know that. Particularly as it
12 relates in mental health. It's all profit over
13 people. It's the same with pharmaceutical.
14 Profit over people.

15 We can produce records where
16 injectables have been used. I'm a numbing
17 finger, legs (indiscernible) person. You know
18 when you find out you get an injectable and three
19 days later your schizophrenia qualifies you by
20 insurance standards to discharge there are a few
21 issues.

22 We also have issues where the discharge
23 is so frequent and the interpretations are
24 different. In his last hospitalization at Olean
25 General Hospital 90 days before he passed away,

1 the record indicates -- I'm doing a root cause
2 analysis, so that's how I know these things. I
3 have all of his medical records from birth to
4 autopsy. I've offered them to Ann Sullivan at
5 her public forum, and I've offered it and been
6 able to provide it to you here in the last year.

7 But his statement in that was that he
8 was going to kill himself and that he knew why.
9 But he was deemed a low risk in the facility, but
10 a high risk to return to their facility. Staff
11 later explained to me after I notified them,
12 because there is a slight disconnect. You know,
13 you don't ever know what happened to your
14 patient.

15 So but they -- as a courtesy, they did
16 take my call, and I explained to them that he
17 died by suicide a few months later. And they
18 explained the limits of the safety net coverage
19 that he was on. I don't know. I guess, you
20 know, sick doesn't tell you. Insurance tells
21 you. So the results of this analysis are really
22 quite nauseating.

23 And my son would often say to me why
24 don't they want to help me. But my husband and I
25 are true educator systems people. We like to

1 think systems work, so we always redirected him
2 to his caregivers. Right? You're sick. Go
3 back. Go back. They know what they're doing.
4 Well, what he was redirected to after my studying
5 here, and a lot of work OMH. I have to
6 compliment them. Okay. They're really trying
7 very hard, but they have nothing to -- they --
8 you know, great ideas, want to do things, you
9 know?

10 Then Medicaid says, oh, the price of
11 stabilization, they're allowed to say 23 hours
12 and 59 minutes, okay? That's what's on statute
13 right now for the plan. So we'll see how well
14 somebody in Steuben County's going to do driving
15 100 miles to get to Elmira, New York from the far
16 reaches of Steuben County to stay there for 23
17 hours and 59 minutes to be stabilized and given a
18 place to go.

19 Doesn't sound like it's going to work
20 to me. But there are a plethora of programs,
21 ideas, ONH, Oasis, the New York State Department
22 of Health that he should've had opportunities
23 for. But nowhere in the record, man, nowhere in
24 the record was he offered more than one time per
25 month counseling and 10-minute Medicaid-allowed

1 medication management appointments with a
2 psychiatrist. Ten minutes.

3 AG LETITIA JAMES: Ten minutes?

4 ELISA TOBIA: Ten minutes. Sometimes
5 by phone. You're lucky if you get Zoom, you
6 know, because you can see. Words don't match
7 behavior, facial behaviors. But that's what he
8 got. I learned through OMH everything they're
9 trying to give, but in Steuben County, ma'am,
10 that's all he got.

11 So far I'm still digging. I'm digging.
12 So as I embark on this study, as there really
13 isn't a root cause analysis outside of licensed
14 facilities. So if you have a person die by
15 suicide in a licensed facility, it will go to the
16 justice center and the joint commission. They
17 will turn over every email, every action of
18 anybody under the sun.

19 However, when you're an outpatient and
20 outside of the bricks and mortar, there's an
21 internal incident review conducted in each
22 entity. So I've done it. My goal is that you
23 will have a law on the books that says if
24 somebody dies by suicide in an outpatient
25 setting, and they're engaged in treatment, that

1 we do a systemic review. Not to punish anyone --

2 AG LETITIA JAMES: Right.

3 ELISA TOBIA: -- but to make
4 corrections and improvements to the system. I've
5 had the opportunity to talk to Lanny Berman, who
6 is Johns Hopkins University, also had been the
7 adjunct -- our suicidology folks, and they have a
8 law now on the book in Maryland for a suicide
9 fatality review board at the state level. And I
10 encourage looking into that.

11 So we're all in it together. My son's
12 response level when he was in a crisis, ma'am,
13 was the police department, and they were
14 wonderful. The healthcare people who were trying
15 to do the job were wonderful. It is a system
16 problem, a financial problem. Again, time is
17 running out. So we're all in it together, and
18 we're all falling apart together. And we're
19 losing the people, and all of the people.

20 So in his greatest time of need, I am
21 most thankful to Corning Police Department.
22 Because when you call their on-call number for
23 the County Mental Health, it's a switchboard for
24 50 bucks a month through Guthrie Healthcare
25 System to go to the county person who then says,

1 well, we'll call the person back. It'll come in
2 from an unknown number. Or we don't have enough
3 time because we're in Cornell, New York 45
4 minutes away from you. Call the police.

5 Why call the County anymore? We just
6 called Corning Police Department and they
7 developed a relationship with my son, and I'm
8 forever thankful to that. I will stop. I could
9 go on and on. You all know that because I do, so
10 I will stop.

11 (applause)

12 AAG STEPHANIE CALHOUN: Just a reminder
13 to speak as close as you can to the microphone.
14 Thank you, Mr. Orr.

15 BRENDAN ORR: You got it. Thank you.
16 I timed myself. I might go a minute over, but I
17 promise I'll be respectful of everyone's time.
18 Good morning, Attorney General James and all of
19 those joining us today. To describe the current
20 state of mental health issues facing communities
21 in the city, state, and country as a crisis would
22 be a massive understatement.

23 Buffalo's metro area encompasses more
24 than one million people, yet the resources
25 available to those who are struggling is abysmal

1 at best. I know this firsthand as I'm here to
2 share the story of my sister Jennifer Orr who
3 took her own life just two months ago on November
4 15, 2022, and was failed by the very systems that
5 are supposed to aid those who are struggling.

6 Jennifer was 33 years old when she
7 passed away. She was brilliant and lit up every
8 room she entered into with a big smile and one of
9 her famous hugs. Jen could enter into a room
10 filled with a bunch of people she had never met
11 and walk out with as many new best friends. She
12 was the most passionate person I have ever known
13 when it came to the causes and the people that
14 she cared about.

15 She was active in the arts and music
16 communities, in the political and advocacy
17 communities, and countless other communities, and
18 gave everything she could to make those spaces a
19 better place for those who occupied them. I
20 looked up to Jen growing up more than pretty much
21 anyone else, and for the majority of our lives we
22 were the best of friends.

23 While on the outside, we all saw Jen as
24 this incredible, unstoppable beacon of light, she
25 was deeply struggling on the inside and only

1 allowed those closest to her to know of her
2 battle. Jen found herself at the intersection of
3 some deep mental health and addiction issues, and
4 struggled with this for nearly 20 years. She was
5 diagnosed as bipolar, and my parents tried many
6 times throughout her adolescence and early
7 adulthood to get Jen help, but it was to no
8 avail.

9 The past few years have been
10 particularly hard on our family due to a variety
11 of things that have occurred, which only made
12 Jen's mental health and alcoholism struggles even
13 worse. Even when we'd be out doing stuff, family
14 stuff, with my dad, my other sister Megan and
15 Jen's partner Jake, you could see the pain in her
16 eyes and behind her smile.

17 Jennifer had an incident with a knife
18 back in September, which resulted in my father
19 and I in the aftermath having an intervention
20 with her. I'd researched services available to
21 support us and through Erie County's website came
22 across Erie County's Emergency Mental Health
23 Response Team, which I believe is Crisis
24 Services.

25 I called the number on the County's

1 website, and after a couple of transfers finally
2 reached the folks we needed to. The person who I
3 spoke with said that Jen's circumstances sounded
4 as though they warranted her getting admitted.
5 We knew that she wasn't going to be happy about
6 it admittedly, but even if she wouldn't accept
7 the help from us initially, all the people
8 closest to her knew that this was a life or death
9 matter and that she desperately needed help. And
10 I will go onto explain why.

11 We had concrete proof that Jen was
12 feeling this way, and felt so low that she wanted
13 to take her own life. We have text messages from
14 her saying that she wanted to kill herself in
15 September. Myself and her partner Jake heard her
16 say it out loud multiple times. And to top it
17 all off, we had an act of her almost doing it, as
18 I had mentioned, with the stitches on her face
19 and the medical bill to prove it.

20 After my dad and I unsuccessfully tried
21 to convince Jennifer to self-admit, we then
22 turned to the two social workers sent by the
23 County. Only problem was it took almost two
24 hours for them before they could enter into Jen's
25 apartment because we had to wait for the Buffalo

1 Police Department to arrive since the initial
2 incident involved a knife. This of course made
3 Jen get very antagonistic saying things like, oh,
4 some emergency this is, they must really care,
5 and things of that nature.

6 As I mentioned before, Jennifer was
7 very, very smart, and so of course she did her
8 due diligence on the resources that were
9 available here locally, specifically ECMC, which
10 is where most people are turned to, and was met
11 with horror stories. Overcrowded, chaotic
12 waiting rooms where people are left to wait for
13 hours, and in some cases even days experiencing
14 things that would further trigger and make their
15 situations worse before they even get admitted,
16 if they were even able to get in -- admitted in
17 the first place.

18 She wasn't happy about it, but she knew
19 how serious my dad and I were, so she was going
20 to go along with it. Should've worked out.
21 Prior to the social workers going inside, her
22 partner Jake and I explained Jen's entire
23 situation and made clear the fact that Jen was
24 incredibly smart and would probably try to
25 downplay the incident and talk herself out of it.

1 But again, we had all of this concrete proof.

2 The police eventually arrived and
3 waited outside as the two social workers joined
4 Jen, myself, and my dad inside. They questioned
5 her for about 20 minutes or so before we were
6 told that there was nothing they could do because
7 they felt like she was doing this for attention.
8 They also said that they couldn't do anything
9 because Jen's actions may have been induced by
10 alcohol, and New York treats mental health and
11 addiction as two separate entities, which is
12 insane to me because it is so glaringly obvious
13 that these two issues are deeply, deeply
14 intertwined with one another.

15 The social workers went on their way,
16 and the only correspondence Jen had with anyone
17 from Crisis Services or the County were several
18 calls from ECMC incorrectly saying that she had a
19 bill due to them for that day. I believe she
20 received four of those calls, which only served
21 to upset her further obviously. And myself,
22 Jake, and my father received zero calls from
23 anybody checking on her or following up with our
24 family.

25 Less than two months after we were told

1 Jen wasn't suicidal and it was all for attention,
2 she took her own life.

3 In New York, we are so lucky to have an
4 incredible amount of folks who are social
5 workers, psychiatrists, therapists, etcetera, so
6 I want to make sure that my words aren't
7 misconstrued as being targeted towards them. But
8 we had all of this evidence that Jen was in the
9 midst of a life or death battle, and I was told
10 by them that there was nothing they could do
11 because again in New York they treat addiction
12 and mental health as two separate entities, and
13 that threats of taking her own life could have
14 been induced by alcohol. Hello.

15 So we're just going to leave people out
16 to dry? We're going to abandon people at their
17 darkest hour because they're struggling with
18 multiple things at once and because we don't have
19 the structures in place to support people who are
20 dealing with these two deeply intertwined issues?
21 Do we realize how twisted and short-sighted it
22 is?

23 Addiction and mental health are not
24 black and white issues, so why are we treating
25 them as such? The failed intervention led to

1 Jennifer and I having a big falling out. I told
2 my dad and Megan and Jake ahead of time that I
3 would be the one to take blame just because of
4 how close Jen and I were, and I knew she'd look
5 for somewhere to place it. And I was fine with
6 it being me because if it meant that she was
7 going to get the help that she needed, then so be
8 it. That's all that mattered at the end of the
9 day.

10 The last time we spoke to each other
11 was a huge argument over this, meaning we didn't
12 speak for the last month and a half that she was
13 alive. She felt like I was trying to get her
14 locked up when in reality I love my sister more
15 than anything, and everything I did was because I
16 was terrified of losing her. And as I had said
17 before, this was something that she was dealing
18 with for nearly 20 years. And with me being five
19 years younger than her, this is something that I
20 was seeing firsthand since I was like eight or
21 nine years old.

22 I -- Jen and I had fought plenty of
23 times over the years. I mean, we're siblings,
24 but this one was different because I knew the
25 person on the other end of that fight wasn't my

1 big sister. She was so clearly not in a good
2 place and not herself, and it felt like that this
3 was the culmination of all the times in the past
4 that we tried to get her help. But the light
5 needed to go on for her to realize that she
6 needed help. And even if my dad or myself
7 couldn't convince her, we still just needed to
8 get her the help regardless, and she was failed.

9 The fact that someone is brilliant and
10 driven and talented as Jen couldn't get through
11 her mental illness and resorted to this just
12 signifies how deeply it was hurting her and how
13 deeply mental illness and addiction affect
14 people. My sister was capable of literally
15 anything, and my heart is broken because I know
16 to this day this very moment that she could have
17 gotten through this and beat this.

18 But the pain that she was feeling was
19 too heavy a weight to bear. And due to the
20 complete lack of impactful resources, she felt
21 like there was nowhere to turn and no way to get
22 better. I promise I'm wrapping up.

23 The feeling that my family and all of
24 Jen's loved ones have to live with now, this
25 emptiness of her not being here when we all knew

1 Jen and knew that she could get better, that
2 emptiness and feeling of hopelessness is
3 something that nobody should have to go through.
4 More importantly, we're talking about human
5 beings here, and no person should have to feel as
6 though there's nowhere to turn or no other
7 options in a time of pain and crisis.

8 Do we realize the cruelty and the fact
9 that this is so common? After Jen's funeral in
10 which I gave her eulogy, I had a staggering
11 amount of people come up to me afterwards saying
12 how they appreciated and felt seen by my words
13 regarding mental health due to themselves, their
14 child, or a loved one dealing with similar issues
15 to Jennifer.

16 According to the CDC, one in five
17 Americans will experience mental illness in a
18 given year. So whether it's us personally, a
19 loved one, or someone you may know, every single
20 person is touched by mental illness one way or
21 another. We're all here today because we shared
22 a common belief, that the resources and care for
23 those struggling with mental health issues is not
24 even close to being at the standard of where it
25 needs to be.

1 The state of things as they are now is
2 due to choices that were made by people in power
3 previously. The inaction of those same people
4 has led -- that has led to the current situation
5 and all of us being here today. That's also a
6 choice. We can't ignore the severity of this
7 situation any longer because inaction in and of
8 itself is a choice.

9 My sister may be gone, but if her
10 memory and legacy can help change things so that
11 people struggling and their families don't have
12 to endure what Jen and my family has gone
13 through, then we have to do it. We have to
14 fight. We have to make the proper choice to be
15 there for ourselves and for each other. Helping
16 people is what Jennifer loved most, so what
17 better way to honor her life than by helping
18 people in need?

19 The fact of the matter is how swiftly
20 we act will determine how many lives are saved,
21 and how long we continue to wait will determine
22 how many more lives are lost. Thank you for the
23 opportunity to speak here today.

24 (applause)

25 AG LETITIA JAMES: So Ms. Pope, do you

1 have any suggestions for how we can attract
2 individuals with lived experiences to the
3 workforce?

4 TYLICA POPE: I'm sorry. Do we have
5 any?

6 AG LETITIA JAMES: Any recommendations
7 or suggestions on how we can attract individuals
8 with similar lived experiences to the workforce?
9 What are your thoughts?

10 TYLICA POPE: Absolutely, yes. We --
11 there are a number of -- well, here
12 (indiscernible). At our agency, we actually
13 employ individuals with lived experience. We
14 have a workforce program for individuals just
15 like me with lived experience, so we come
16 (indiscernible) and get their certification, and
17 they share that experience with us. So if you
18 would like to track them down, we can help you
19 with that.

20 AG LETITIA JAMES: Ms. Tobia, I have a
21 picture of your son Matthew. If you could change
22 the system, what would be some of your
23 recommendations? And talk a little bit more
24 about Medicaid, insurance, and discharge.

25 ELISA TOBIA: I'm still working on

1 getting the insurance records because they're
2 ally pretty tight. My husband and I had court --
3 a lawyer prepare a power of attorney tat included
4 all the health proxy, all the HIPAA, all the
5 whatever. Rule number one I would have is if an
6 individual states they have that and can bring
7 that item into the provider, they dang well
8 better accept it.

9 Statements to me, ma'am, were he has to
10 sign off on that document when they arrive.
11 Power of attorney is meant to protect and guide
12 and advise, and it's COVID. And they wouldn't
13 even validate that he had an appointment. And I
14 said, ma'am, I'm calling you because I know he
15 has an appointment. I'm trying to get -- I want
16 to know when the appointment is, how the
17 appointment -- you know, how is he going to --
18 just like the mechanics.

19 I don't want to know what they were
20 talking about. I'm trying to get the kid in.
21 There's got to be something to address the HIPAA
22 factor. And when is the person helping to get
23 them in a system and participate, and when is it
24 interfering? Because it's a huge obstacle.

25 The issue of this law that I'm

1 proposing that Lanny Berman is part of with
2 Maryland, and I have the entire document and all
3 the people's testimony with it, it's really
4 pretty remarkable because it takes every record,
5 the very first two sentences protects everybody
6 from liability. This is not to sue anybody.

7 AG LETITIA JAMES: Right.

8 ELISA TOBIA: This is a systemic look.
9 We have to have ways that when people die, that
10 we use those records for a purpose. That's what
11 I'm trying to do as a parent, as an individual,
12 because I needed to connect the dots. I needed
13 for the case worker who called me and cried for
14 four hours seeking forgiveness because she knew
15 something, and she felt she didn't protect him.
16 But I said, ma'am, did you have thus and such a
17 record from -- she -- what record?

18 AG LETITIA JAMES: Mmm.

19 ELISA TOBIA: Are we going to persecute
20 the counselor who didn't have the record? How do
21 I know that? I've been looking into it. I spoke
22 to the next provider. He did have a Honey
23 provider too, so there is a way to track the
24 documents in that. And when you open a folder
25 and all it has is claims that were filed, no

1 action. I have the objectives. There is so much
2 data there to go what part of this system is
3 working and not working, right?

4 AG LETITIA JAMES: Right.

5 ELISA TOBIA: So the more I look and
6 the more wounds that sort of come up, the more
7 substantial goals and guidance that I can provide
8 you with. But I tell you, Lanny Berman, he's a
9 -- you know, he's an ace. Boy, I was on a zero
10 suicide prevention line, and email, and he said
11 I'm not out to witch-hunt anybody. I said
12 neither am I. I got his CV. I got the law. And
13 I was like you're kidding.

14 AG LETITIA JAMES: So when I worked in
15 the childcare system a long time ago and when I
16 worked in the state legislature, I helped with
17 state legislature to draft a childcare fatality
18 review board for children who die in childcare.
19 And so basically it's -- what you're asking for
20 is similar --

21 ELISA TOBIA: Sounds similar.

22 AG LETITIA JAMES: -- something
23 similar.

24 ELISA TOBIA: Yeah. And they do it for
25 domestic --

1 AG LETITIA JAMES: Right.

2 ELISA TOBIA: -- I believe we do it in
3 the state for domestic violent death incidents of
4 some. I don't know enough about -- but yes, it's
5 in the same --

6 AG LETITIA JAMES: Very similar.

7 ELISA TOBIA: -- engine, right? The
8 little engine that could, you know?

9 AG LETITIA JAMES: Exactly.

10 ELISA TOBIA: We talk a lot about
11 things that we do to help people survive, but you
12 know, we can't talk to the dead people, but boy,
13 their records can sure tell us a lot.

14 AG LETITIA JAMES: And do you think
15 your experience was limited to Steuben County, or
16 this is a -- is this a statewide or a -- or it is
17 just because you are in a county with -- less
18 populated?

19 ELISA TOBIA: Well, I think there are
20 circumstances related to Steuben County that I
21 don't want to go on record here to say because I
22 don't want to make false statements that I can't
23 justify. But I'm involved with the National
24 Alliance on Mental Illness, and the thing that
25 really brought up my advocacy beyond my original

1 level was going to this state conference and
2 meeting really, really good people talking about
3 really, really good programs that are really,
4 really in place.

5 And I was like, hello. Let me show you
6 the documents. And it's why -- and still
7 investigating why is it Steuben County did not
8 have the capacity. I do know on record that they
9 have stated to me, one individual, that the
10 County will not invest in mental health directly.
11 They will contract with neighboring counties and
12 non-profits.

13 If you look on the SAMSA website, you
14 will -- and Richard McKeon, who is the head of
15 the Suicide 988 folks, because I shared with him
16 the 741-741. A wonderful man. If you look at a
17 diagram on the SAMSA website, and I can share the
18 link to that, you will see services all the way
19 around the perimeter of that county. We have
20 providers from Livingston County jumping right
21 over Steuben County going to Chemung County.

22 We have 988 has Steuben County as the
23 orphaned. We weren't even put in a 988 region.
24 I met up and met with them myself and said how
25 are we getting Steuben County in. So is it all

1 Steuben? No, I don't think so. I think it's a
2 state problem. I think it's a national problem.
3 I think New York State has its uniqueness, and I
4 do think we're in a position with the style
5 you're using and this approach that we're going
6 to ferret out what the issues are.

7 And I have confidence in your staff and
8 all the providers and families that we'll get to
9 it, and I feel hopeful. I really do feel
10 hopeful.

11 AG LETITIA JAMES: Thank you. And
12 thank you for your testimony.

13 ELISA TOBIA: Thank you.

14 AG LETITIA JAMES: Mr. Orr, your
15 testimony was impactful, was eloquent, and
16 heartfelt.

17 BRENDAN ORR: Thank you.

18 AG LETITIA JAMES: Any recommendations
19 with respect to how to get some change given the
20 fact that you indicated inaction by previous
21 administrations, individuals that have long gone?
22 What can we do?

23 BRENDAN ORR: I think it's really, for
24 one, taking a look at again that intersection of
25 where mental health and addiction meet. You

1 know, it's something that, you know, my sister
2 wasn't like an anomaly with that. She was very
3 -- it's a very common thing that people who
4 suffer from mental illness in many cases in some
5 form also deal with some form of addiction due to
6 those mental illnesses that they're dealing with.

7 And so the fact of the matter is to be
8 told, well, that -- that there's nothing we can
9 do because her threats of her own life may have
10 been induced by alcohol, well, Jake, Jennifer's
11 partner, had said, well, what do you want us to
12 call you when she's drunk. And they said, well,
13 no, because then it's calling the police and then
14 it's a criminal matter.

15 And so again, just the fact that these
16 two issues that are so deeply intertwined with
17 each other are being treated as two separate
18 entities just does not make any sense to me. I
19 mean, and again, as I'd mentioned at the
20 beginning, Buffalo's a metro area of over a
21 million people.

22 AG LETITIA JAMES: Right.

23 BRENDAN ORR: Okay. We're starting to
24 see now from the last census that the population
25 of the city is beginning to increase, and that

1 trend is going to continue. And the fact of the
2 matter is, is what do we have in Erie County?
3 ECMC and BryLin. BryLin is less than 50 beds.
4 ECMC is not very many either. I mean, not a ton
5 again for a metro area of this size.

6 And so -- and again, I think on top of
7 that too the horror the stories that come out of
8 those places. I know that it's been reported
9 recently with regard to ECMC and how the
10 treatment is there. And again, after Jennifer's
11 funeral and in the aftermath of her death, the
12 amount of people not only, you know, family
13 friends, but Jennifer's friends too who have had
14 experiences at ECMC where they were waiting over
15 a day in a waiting room, and they just pile
16 everybody in there.

17 And it's people of varying degrees of
18 mental illnesses as well. And it's -- again,
19 that's no in any way, shape, or form me trying to
20 say something negative about the folks who work
21 there because of course it comes down to staffing
22 and to the resources that are available,
23 structures in place, of course. But again, we're
24 talking about top 50 major metro area here, and
25 the amount of resources that are available to

1 people who are struggling with mental health
2 issues, with addiction issues, and especially the
3 intersection of those two, it's abysmal at best.
4 And so we just -- we need more. There's just not
5 enough for people, you know?

6 AG LETITIA JAMES: Right.

7 BRENDAN ORR: People shouldn't have to
8 wait when they're in a time of crisis and they're
9 thinking I feel like maybe I want to take my own
10 life right now. People should not then have to
11 go and sit in a waiting room for a day and a half
12 and just have to like just be treated like a
13 number, you know? There's no individualism when
14 it comes to it.

15 We need to -- like I said, people are
16 -- we're talking about human beings here, people
17 who are in their darkest hour and struggling more
18 than they ever have before. And to think that
19 just people are getting turned away or being
20 told, oh, there's nothing we can do, it's -- I
21 can't even wrap my head around it.

22 And so I think it's -- again, it's a
23 matter of addressing the two issues of mental
24 health and addiction, and understanding that they
25 are intertwined with one another.

1 AG LETITIA JAMES: Right.

2 BRENDAN ORR: But also, the fact of the
3 matter is, is that there's just not enough
4 resources here to begin with when it comes to
5 people who are -- if they are just struggling
6 with mental health to some -- mental health
7 issues to some degree as well.

8 AG LETITIA JAMES: So Mr. Orr, a
9 representative from the hospital will be
10 testifying today, and we will ask them questions
11 about the intersection between mental illness and
12 individuals who are chemically addicted. I am
13 familiar with what they refer to as micro
14 services.

15 BRENDAN ORR: Mm-hmm.

16 AG LETITIA JAMES: And the question is
17 whether or not those services are available at
18 the hospital.

19 BRENDAN ORR: Mm-hmm.

20 AG LETITIA JAMES: And if it is a
21 question of additional resources, what we can do,
22 what my office can do, and all of those who are
23 watching can do to increase those resources to
24 the residents of Buffalo so that we will not have
25 any further loss of life --

1 BRENDAN ORR: Certainly.

2 AG LETITIA JAMES: -- either Mr. Tobia
3 and/or your beautiful sister.

4 BRENDAN ORR: Well, and I just want to
5 say one other thing too with regard to that.
6 When it comes to again just also -- you know,
7 we're told when you're in a time of crisis or if
8 you're seeing somebody who's experiencing mental
9 health issues that you should reach out, that
10 mental health matters. That's what we always
11 hear from people. It's what we always hear from
12 politicians.

13 But the reality of the situation is,
14 that we all know, the reason why we're all here
15 is because that does not actually add up with the
16 actions of those people. And so another thing
17 that I would just like to say too, I mean, to be
18 told when I have watched my sister go through the
19 wringer for 20 years and have memories burned
20 into my brain from being 8 or 9 years old all the
21 way up until now, and phone calls in the middle
22 of the night, and going over at 4 in the morning,
23 and being there for her for whatever it was she
24 needed to then have somebody come and talk to her
25 for 20 minutes after we lay all of this evidence

1 out and tell me that she's doing it for
2 attention, I mean, what are --

3 AG LETITIA JAMES: That's painful.

4 BRENDAN ORR: -- you know, as a family
5 member -- because that's the other thing too is,
6 you know, family members in a lot of these
7 situations, the fact of the matter is that the
8 people who are suffering from mental illnesses,
9 and in the case of my sister when it was getting
10 towards the end and like down the stretch, like
11 she was not herself. She was not of her right
12 mind. Like she was --

13 AG LETITIA JAMES: Right.

14 BRENDAN ORR: -- really, really
15 struggling and going through it. And for me,
16 what I would love to know is what more could've
17 been needed to get her admitted through this --
18 through these services if an -- like an act of
19 doing it and a hospital bill and a gash on her
20 face with stitches, if her -- in writing saying
21 that she wanted to take her own life. And if her
22 saying it out loud to multiple people was not
23 enough, then what is?

24 AG LETITIA JAMES: Mr. Orr, did your
25 sister present her illness at a -- as a child?

1 BRENDAN ORR: I mean, we really -- it
2 was like early adolescence. I think is when it
3 was like probably around like when she started
4 high school. So like 13 or 14 --

5 AG LETITIA JAMES: Yeah.

6 BRENDAN ORR: -- I think is when we --
7 like our family kind of really -- my parents
8 really realized it --

9 AG LETITIA JAMES: Yeah.

10 BRENDAN ORR: -- a bit. And there were
11 many attempts like again, you know, over the
12 years and stuff. But she was in a lot of ways
13 just kind of like put through a system, and then
14 she'd see a doctor, and she'd get put on
15 medication. And then the --

16 AG LETITIA JAMES: Mmm.

17 BRENDAN ORR: -- medication wouldn't
18 work. And then there'd be another doctor,
19 another medication without actually examining,
20 again, like, you know, what it -- how it was
21 actually affecting her, and like what her needs
22 really were. It's just a matter of it kind of
23 being this like cyclical thing of, oh, this
24 didn't work, then let's try this. Or try this
25 medication.

1 And while of course this -- that is in
2 no way, shape, or form me saying that folks who
3 deal with mental illness that medication isn't an
4 answer, because it absolutely is. It's proven
5 that it can be for some people, and I think very
6 well could've been for the case with my sister
7 potentially too.

8 Even before she passed away, she was
9 taking medication, but again, it was that cycle
10 of, you know, well, try this, try this, try --
11 and when nothing was really sticking. It was
12 just the bill was getting passed onto the next
13 psychiatrist, the next person, what have you.

14 TYLICA POPE: Attorney General, may I
15 add to that, please?

16 AG LETITIA JAMES: Sure. Sure, sure,
17 sure.

18 TYLICA POPE: And so I just want to add
19 that -- and again, I absolutely understand those
20 systems, and I too have experienced that in the
21 workforce and for myself. And what I want to say
22 is that I think that part of -- there's a large
23 problem happening with our community hospitals --

24 AG LETITIA JAMES: Yes.

25 TYLICA POPE: -- such as ECMC because

1 they don't have -- one, they're not always
2 equipped to deal with individuals that come
3 there. They don't have the staff. They don't
4 have the training. And so service providers,
5 community service providers, such as other
6 behavioral health agencies, do have the capacity
7 to support. And so that's why I was talking
8 about peer services --

9 AG LETITIA JAMES: Right.

10 TYLICA POPE: -- being one of the
11 things that's necessary and needed. Peers,
12 individuals are going into the homes. They're
13 going into the community. They're actually the
14 individuals that will check with the families and
15 talk about, you know, what's happening with your
16 loved one and walk you through that.

17 And so that's why it's so important
18 that we put our, you know, funding and supports
19 where it matters, where you can get individuals
20 to speak to those individuals, to address those
21 individuals where no one's falling into those
22 gaps of services. And so that's why I wanted to
23 point out that, again, when we're talking about
24 the hospitals not having the capacity --

25 AG LETITIA JAMES: Right.

1 TYLICA POPE: -- some of the agencies
2 have the capacity and want to do the work. But
3 again, we need staffing. We need after-hour
4 facilities. We need funding to be able to have,
5 you know, as we're talking about service centers
6 that's open, community centers that's open --

7 AG LETITIA JAMES: Right.

8 TYLICA POPE: -- (indiscernible) center
9 that's open 24 hours and longer shifts for us to
10 be able to support individuals --

11 (applause)

12 TYLICA POPE: -- where the hospitals
13 cannot. That's what's needed.

14 AG LETITIA JAMES: And Ms. Tobia, your
15 son was introduced to opioids as a result of an
16 illness, correct?

17 ELISA TOBIA: A sports injury, yes.

18 AG LETITIA JAMES: A sports injury.

19 ELISA TOBIA: A sports injury and
20 shoulder surgery, yes.

21 AG LETITIA JAMES: Right. And as you
22 know, our office has brought the largest --

23 ELISA TOBIA: Yes.

24 AG LETITIA JAMES: -- lawsuit against
25 these opioid manufacturers.

1 ELISA TOBIA: Thank you, yep.

2 AG LETITIA JAMES: And one of the
3 things that we are trying to do is get the
4 resources out as a result of our settlement funds
5 --

6 ELISA TOBIA: Mm-hmm.

7 AG LETITIA JAMES: -- to all the
8 counties in upstate New York.

9 ELISA TOBIA: Yes.

10 AG LETITIA JAMES: And you can rest
11 assured we will make sure that Steuben County is
12 on the list so that they get additional
13 resources.

14 ELISA TOBIA: Well, did you say
15 additional?

16 AG LETITIA JAMES: Additional. Or --

17 ELISA TOBIA: Okay. Thank you.

18 AG LETITIA JAMES: -- resources.

19 ELISA TOBIA: Thank you. And I'd be
20 happy that we track the money. I had a
21 conversation -- we're given a five and a half
22 percent tax break in the county property owners.

23 AG LETITIA JAMES: Mm-hmm.

24 ELISA TOBIA: Even though we have
25 increased expenses all the way around, and I

1 talked to the county executive. I mean, how do
2 you give a five and a half -- you know, like
3 these things don't add up. Statement, our
4 legislature believes that they have given enough
5 to mental health this year. On the back of what,
6 the opiate funding? Like let's chase the money
7 here. What are you guys doing? How do you --
8 makes no sense to me. No sense.

9 The vacancies within the county are
10 absurd. They tell the legislature we have all of
11 these openings. Why am I not finding them on the
12 Steuben County website as civil service
13 positions?

14 AG LETITIA JAMES: Mmm.

15 ELISA TOBIA: I see RNs for the health
16 department during COVID. I see the snowmen. I
17 don't see psychiatric nurse practitioners. I
18 don't -- they're not there because it's all
19 subcontracted out to non-profits --

20 AG LETITIA JAMES: Right.

21 ELISA TOBIA: -- and they're suddenly
22 realizing that they're not paying folks enough
23 money. So they just decided, well, we'll bring
24 two positions, and it's in the legislative notes.
25 Requesting that we put two positions of licensed

1 clinical social workers who can accept Medicaid
2 and standard insurance. They finally figured out
3 that if you have a qualified person who can
4 accept insurance, you might like get at least
5 some of the money. And a legislator says how
6 much is it going to cost me.

7 AG LETITIA JAMES: I thank you for your
8 testimony.

9 ELISA TOBIA: But thank you for the
10 extra. Thank you for the --

11 AG LETITIA JAMES: I appreciate it.

12 ELISA TOBIA: -- extra money. That's
13 terrific.

14 AG LETITIA JAMES: And may both of your
15 loved ones rest in peace. And Ms. Pope, thank
16 you for serving in your capacity. And thank you
17 for healing.

18 TYLICA POPE: Thanks for having us.

19 ELISA TOBIA: Thank you.

20 (applause)

21 AG LETITIA JAMES: Thank you for the
22 wait.

23 AAG STEPHANIE CALHOUN: We will now
24 hear the testimony of Chairperson April Baskin
25 and Laura Kelemen.

1 APRIL BASKIN: Greetings to friends,
2 colleagues from Buffalo and Erie County, and
3 Attorney General James. Thank you for providing
4 this much needed space to discuss mental health
5 in western New York. Again, my name is April
6 Baskin, and I am the Chairwoman of the Erie
7 County Legislature.

8 Erie County, like all other counties in
9 New York, is responsible for administering a
10 local comprehensive planning process to ensure
11 such mental healthcare is properly coordinated
12 among the various providers in our county. Erie
13 County has many resources for those who have
14 access to mental health treatment.

15 Our major issue is not insufficient
16 resources, but the barriers to access and tailor-
17 made treatment programs to cover all aspects of
18 mental health treatment and its spectrum. We
19 have begun to make strides in re-envisioning how
20 treatment programs are provided. In 2019, the
21 legislature approved \$1 million in the Erie
22 County budget to implement a medically assisted
23 treatment, also known as MAT Program, in our
24 county jails.

25 This was in response to the severe

1 opioid epidemic we are dealing with Erie County,
2 and the clear overlap between substance abuse,
3 mental health, and incarceration. The MAT
4 Program was launched this past summer, and the
5 demand from detainees to access the program
6 continues to grow.

7 Following the decision to fund the MAT
8 Program, our county had to confront the trauma of
9 the pandemic and the civil unrest following
10 George Floyd's murder. These episodes aggravated
11 already stressful situations for many residents
12 who struggle from paycheck to paycheck and
13 scramble to survive. These traumatic incidents
14 helped shine a light on the systemic issues our
15 residents face, namely a lack of easy access to
16 mental health treatment.

17 In September of 2020, a call to 911 was
18 made regarding an individual having a mental
19 health crisis, which ended with the individual
20 being shot by Buffalo Police. After this
21 incident, the legislature introduced a resolution
22 to look into the need to have mental health first
23 responders, particularly with non-law enforcement
24 response as an option.

25 Erie County is responsible for intake

1 of all 911 calls made by a cell phone in Erie
2 County. Then they are dispatched to the
3 appropriate jurisdiction and the first responder,
4 be it fire, police, or EMT. As Erie County is
5 the initial agency to handle most 911 calls, the
6 legislature thought it was appropriate to look
7 into this issue.

8 A few weeks after this incident, the
9 legislature convened a meeting with the
10 Department of Mental Health, the Erie County
11 Sheriff's Office, and directors from Erie County
12 Medical Center's comprehensive psychiatric
13 emergency program to discuss the implementation
14 of the MAT Program, the possibility of a 911
15 diversion initiative, and other gaps that may
16 exist in our county's mental health network.

17 One potential solution that was
18 discussed was the need for a behavioral health
19 center that could address mental health needs
20 outside of the hospital framework. Additionally,
21 we discussed the need for a behavioral health
22 mapping effort to best identify what resources
23 all right currently available and what gaps still
24 exist.

25 Following these discussions, the

1 County's Mental Health Department, under the
2 leadership of Commissioner Mark O'Brien an
3 innovative project called the Respite and
4 Recovery Center was brought to the legislature's
5 attention. This center would address a wide
6 spectrum of needs and behavioral health and house
7 multiple kinds of mental healthcare under one
8 roof.

9 Someone could stop in for a few hours
10 and talk to a peer if they are feeling down.
11 They could also spend a few nights or begin short
12 term treatment. Or for those in most need, they
13 could be admitted and stay up to two weeks in a
14 longer term care setting. The county legislature
15 decided to identify funding and supported this
16 center with a \$100,000 investment.

17 While all of these treatments are
18 currently available in Erie County -- the center
19 is scheduled to open later this year. While all
20 of these treatment that would be in this center
21 are in this proposal are made available to and in
22 some way in Erie County already, this center was
23 an innovation, and it provided a greater
24 flexibility to address our local mental health
25 crisis.

1 Today the center is known as the
2 Kirsten A. Vincent Respite and Recovery Center
3 named in honor of the former CEO of Recovery
4 Options Made Equal, who led the charge for the
5 creation of the facility.

6 Erie County has continued its work on
7 mental health and first response with its Police
8 Reform Citizens Task Force report and
9 recommendations. The task force recommended the
10 creation of a Crisis Services Response Team to
11 develop a plan to respond to mental health crisis
12 calls. The report also prompted the question of
13 whether calls should be responded to by law
14 enforcement or by a Crisis Service Response Team.
15 The plan and the Crisis Service Response Team
16 have yet to come together, but hopefully we will
17 make progress in 2023.

18 Most recently, Erie County was
19 confronted with the immediate trauma of a racist
20 terrorist attack. The County was quickly able to
21 assemble a mental health hub in the immediate
22 neighborhood of the attack, and provided easy
23 access to mental health professionals as well as
24 counseling onsite services for free.

25 This hub demonstrated the County's

1 ability to respond to mental health needs in an
2 immediate fashion, but it was just a short-term
3 solution to deep-rooted structural and systemic
4 issues shrouded in racism. Under my leadership
5 as Chairwoman of Erie County, we have done an
6 immense amount of work and mental health research
7 reform.

8 And in closing, I hope these examples
9 show why Erie County has to expand access and
10 reduce barriers to mental health treatment. I
11 think we have made great strides, but we need to
12 continue the momentum to provide mental health
13 assistance to our constituents. One of the main
14 questions at hand is what role does local
15 government play in providing direct response and
16 direct services for mental health crises.

17 We have launched pilot programs for
18 diverting self-reporting mental health 911 to a
19 mental health agency, and we've done the same
20 thing with co-responder models where mental
21 health professionals accompany law enforcement on
22 patrol. But are these efforts enough, or do we
23 need a more direct, more proactive mental-health-
24 professional-led effort actually housed in county
25 government? I hope we'll continue to ask these

1 questions, and I look forward to your input,
2 Madam Attorney General, as we continue to work on
3 this vital issue. Thank you again for holding
4 this important hearing on mental health in the
5 great County of Erie. Thank you.

6 AG LETITIA JAMES: Thank you.

7 (applause)

8 LAURA KELEMEN: Attorney General James,
9 thank you for you having us here today.

10 AG LETITIA JAMES: Thank you.

11 LAURA KELEMEN: And we appreciate the
12 work that you do. My name is Laura Kelemen, and
13 I am the Director of Community Mental Health and
14 Substance Abuse Services for Niagara County, and
15 the chair of the New York State Conference of
16 Local Mental Hygiene Directors.

17 The conference was created pursuant to
18 Section 4110 of the Mental Hygiene Law, and its
19 members are the directors of Community Services,
20 DCS, for the City of New York and each of the
21 other counties in New York State. Under the
22 statute, the DCS is responsible for local
23 government's mental hygiene policy, and the DCSs
24 are responsible for planning, development,
25 implementation, and oversight of services for

1 adults and children in their counties who are
2 affected by mental illness, substance use
3 disorder, and intellectual and developmental
4 disabilities. Our mission is to facilitate the
5 health and well-being of our constituents.

6 AG LETITIA JAMES: Ms. Kelemen, can you
7 move the mic closer to you?

8 LAURA KELEMEN: Sure.

9 AG LETITIA JAMES: Thank you.

10 LAURA KELEMEN: Is this better?

11 AG LETITIA JAMES: Yes, ma'am.

12 LAURA KELEMEN: Excellent. So our
13 mission is to facilitate the health and well-
14 being of our constituents, and our job as we
15 interface with all sorts of systems, health, and
16 social services systems is to solve system
17 problems. Because one life lost is one too many.

18 We're here today to talk about the fact
19 that the foundations of our community mental
20 health system are crumbling due to lack of
21 workforce and longstanding inadequate funding.
22 We continue to seek to expand our range of
23 services with fewer staff, but to what end? Our
24 outpatient clinics have vacancy rates from
25 master's level therapists ranging from 25 to 40

1 percent. It's worse in the rural areas.

2 Agencies have been forced to decrease
3 or eliminate same-day access to services, and
4 individuals are experiencing longer wait time in
5 between appointments. Some agencies have not
6 been able to reopen school satellite clinics
7 since the pandemic. Experienced clinicians are
8 leaving for higher paying jobs in private
9 practice, insurance companies, and with the
10 telehealth industry.

11 Staff left behind are often
12 inexperienced, overburdened, and it contributes
13 to further burnout and attrition. The care of
14 individuals receiving services is significantly
15 disrupted when their trusted therapist leaves.

16 Other people have referenced the
17 hospital system, which is overburdened and over-
18 resourced. New York State has had a planful
19 reduction in bed capacity at their state
20 inpatient facilities. Unfortunately, due to lack
21 of staff and inadequate reimbursement
22 methodology, worse than the rural communities,
23 the development of the envisioned community
24 programs, which would've supported individuals
25 with serious mental illness in the community, has

1 not occurred at the rate and scale needed.

2 And so without community wraparound
3 services and outpatient clinic programs,
4 individuals in crisis end up needing emergency
5 services, or worse yet, interface with the
6 criminal justice system. Others have referenced
7 the hospital bed capacity concerns. I'm aware
8 that approximately 70 beds are currently offline
9 due to staffing issues dating back pre-COVID. So
10 we're concerned about getting COVID beds taken
11 offline. Staffing was an issue prior to COVID.

12 The Erie County Executive mentioned the
13 long stays in emergency departments. We share
14 those concerns because lengthy stays exacerbate
15 mental health symptoms, and subjecting those in
16 crisis to extensive wait times is simply cruel
17 and inhumane.

18 But let's talk about the criminal
19 justice system for a minute. Increasing numbers
20 of individuals with suspected mental health
21 conditions are interfacing with law enforcement.
22 We've had an increase in CPL 730 competency
23 examinations 20 percent since last year versus
24 pre-COVID. We cannot condone a system of care
25 where the court system is an entry point for

1 treatment.

2 AG LETITIA JAMES: Mm-hmm.

3 LAURA KELEMEN: Unfortunately, DCSs are
4 seeing massive increases in the issuance of 730
5 competency restoration orders that place
6 individuals with serious mental illness into
7 state forensic facilities at 100 percent cost to
8 counties. This syphons millions of dollars from
9 local county budgets that could be used for
10 community based programs or prevention efforts.

11 We are pleased to hear the governor's
12 plans during her State of the State address to
13 invest \$1 billion into the state's mental health
14 systems. However, we advise caution. Local
15 planning -- locally driven planning is needed to
16 be able to effectively target resources.

17 Additionally, we must shore up the
18 foundations of our mental health system through
19 righting our hospitals and providing resources
20 for outpatient treatment as well. I appreciate
21 the opportunity to be here. I, of course, have
22 lots of suggestions for how we might be able to
23 address this, but I'll leave it open for
24 questions you may have.

25 AG LETITIA JAMES: Thank you. So Ms.

1 Kelemen --

2 (applause)

3 AG LETITIA JAMES: -- let's start where
4 you ended, Section 730. Walk me through the
5 process. What happens?

6 LAURA KELEMEN: So what happens is when
7 somebody is suspected of having a mental health
8 issue and is -- the question is whether they are
9 competent to stand trial.

10 AG LETITIA JAMES: So this is at
11 arraignment.

12 LAURA KELEMEN: This is either at
13 arraignment -- well, it could happen at any time
14 in the process, but let's say it's at the first
15 couple of court appearances.

16 AG LETITIA JAMES: Okay.

17 LAURA KELEMEN: If there is some
18 question about whether they're -- because of
19 mental health concerns or a developmental
20 disability they are able to understand the nature
21 of the charges against them, or participate in
22 their own defense, the court orders competency
23 evaluations. That gets done at the local level.

24 If somebody is deemed incompetent,
25 typically speaking, at a misdemeanor level, those

1 charges can be resolved, and a person can be
2 evaluated at a local psychiatric center, such as
3 Buffalo Psychiatric Center.

4 AG LETITIA JAMES: And these are
5 individuals who are out on bail or in bail, are
6 in jail?

7 LAURA KELEMEN: Either one.

8 AG LETITIA JAMES: Either one. Okay.

9 LAURA KELEMEN: Either one. Yes. If a
10 person or if the situation warrants that the case
11 will move forward to trial, an individual would
12 -- and that could be because of certain felony
13 charges. There's a lot of rules around it.
14 Certain felony charges it's a requirement. A
15 grand jury indictment I believe it's a
16 requirement.

17 If a person will be moving forward with
18 trial at some point, that person whose mental
19 illness at that moment prohibits them from
20 understanding the nature of their charges or
21 participating in their own defense, will be sent
22 to a state forensic locked inpatient psychiatric
23 facility. They do not receive actual treatment
24 there. I'm sure there's wonderful psychiatrists
25 who are working with them, so I don't mean to --

1 AG LETITIA JAMES: No.

2 LAURA KELEMEN: -- say that folks
3 aren't receiving care. But the purpose of that
4 care is restoration so that a person then is
5 competent enough to stand trial.

6 AG LETITIA JAMES: So it's temporary.

7 LAURA KELEMEN: It's temporary.
8 However, that restoration process, sometimes the
9 orders are for 90 days, but a restoration process
10 could be a year, two years, five years, ten
11 years. There's no specific at this moment in the
12 law --

13 AG LETITIA JAMES: Mmm.

14 LAURA KELEMEN: -- determination of how
15 long that process can go. If it goes on long
16 enough, what's called a Jackson plea can be
17 brought forward so a person can't stay in for
18 more than two-thirds of the potential sentence
19 they would've gotten had they been sentenced.

20 But one of the things that would be
21 extremely beneficial is if the court were able
22 to, on a routine basis, bring defendants back and
23 the treatment team together to discuss how things
24 are going in the process of restoration.

25 Prior to sending somebody for

1 restoration, it would be ideal if there could be
2 an estimate of the length of time that
3 restoration might be able to take place.

4 AG LETITIA JAMES: And those costs are
5 borne by the locality.

6 LAURA KELEMEN: One hundred percent by
7 the counties. And so this becomes a budgetary
8 nightmare.

9 AG LETITIA JAMES: Yeah.

10 LAURA KELEMEN: We have zero control
11 over how many requests for a competency
12 evaluations we'll get in a year. We have zero
13 control over the number of those competency
14 requests that are scheduled for restoration
15 because somebody comes back showing incompetent
16 to stand trial.

17 And certainly we don't want people
18 whose mental illness is getting in the way to be
19 forced to stand trial. And we have zero control
20 over the length of stay. It's 100 -- it's \$1,109
21 per day per person.

22 AG LETITIA JAMES: And as far as you
23 know, is there any state initiative, legislation
24 so that the State would pick up those costs as
25 part of that \$1 billion initiative?

1 LAURA KELEMEN: Both the senate and the
2 assembly do have bills presently.

3 AG LETITIA JAMES: Okay.

4 LAURA KELEMEN: It's Senate Bill 7461-A
5 out of Brooks' office, out of the assembly out of
6 Gunther's office. It's 8402. And essentially,
7 that would look to restructure the state's CPL
8 730 law. It would place a limit on the amount of
9 the length of time that counties would be 100
10 percent responsible.

11 But more effectively, it would also
12 push us to examine is restoration likely. What
13 is the length of that restoration? And if
14 localities will be saving money due to not having
15 to pay for those services, we can then reinvest
16 those dollars back into the communities for
17 either programs or prevention.

18 AG LETITIA JAMES: And Ms. Kelemen,
19 we're at this point in time primarily having a
20 budgetary discussion. What about getting
21 services to that defendant, that individual, that
22 human being? Do they get services during that
23 period of time?

24 LAURA KELEMEN: That's a tricky
25 question.

1 AG LETITIA JAMES: Okay.

2 LAURA KELEMEN: So when people are in
3 the local county jails, services are typically
4 provided in the local county jails for
5 individuals. Sometimes people are on pre-release
6 supervision or involved with some kind of release
7 prior to the court hearing --

8 AG LETITIA JAMES: Dispositions, yeah.

9 LAURA KELEMEN: -- disposition, thank
10 you. It's a little bit trickier to ensure that
11 individuals in the community are actually
12 receiving services that are necessary. Many
13 times those services are voluntary. And if
14 people are choosing not to be involved in those
15 services, they're choosing not to be involved in
16 those services.

17 AG LETITIA JAMES: And you also talked
18 about wraparound services, the lack of wraparound
19 services. That too is a resource issue, correct?

20 LAURA KELEMEN: Correct. Not enough
21 staff, inadequate funding methodologies. Worse
22 in the rural communities, no offense to Erie
23 County or to the city of Buffalo, but distance to
24 travel to get from place to place to place, and
25 the time in that distance limits the number of

1 people that you can reach effectively in any
2 particular day.

3 AG LETITIA JAMES: And Madam Chair, do
4 you know whether or not the nation 988 crisis
5 line has been rolled out in your county?

6 APRIL BASKIN: That's something that
7 the last I heard is currently being worked on,
8 yeah.

9 AG LETITIA JAMES: Okay. And what
10 impact has the closing of all of these hospitals
11 had on your county?

12 APRIL BASKIN: Same. That's an answer,
13 Madam AG. I mean, I feel that the county -- more
14 mental health actions is definitely a trickle-
15 down effect of -- into poverty and to be people
16 being able to be well enough to advocate for
17 their family's needs. And what we're seeing is
18 just an increased cycle of people being at a
19 level of despair when it comes to being the
20 status quo.

21 I believe the City of Buffalo and all
22 throughout Erie County, even our rural areas, as
23 chairwoman I do, do a lot of work with poverty
24 initiatives in the rural areas, and I understand
25 he needs out there as well. If we don't tackle

1 people's mental health access and eliminate the
2 barriers, such as travel and people who are
3 readily accessible to be able to address a mental
4 health episode, unfortunately, the poverty
5 stricken communities are falling deeper into
6 poverty.

7 People are being turned over to our
8 criminal justice system unjustly because they are
9 sick, not criminals. And it's just causing
10 blight and causing Buffalo and Erie County not to
11 become everything that we can become as a
12 regional entity.

13 AG LETITIA JAMES: To my -- go ahead,
14 Gina.

15 AAG GINA BULL: Thank you so much for
16 your testimony. We've heard some really
17 disturbing stories from individuals in Erie
18 County and Niagara County about children
19 specifically, which I don't think was -- either
20 of you discussed too much. So I was wondering if
21 you could talk a little bit about where there's a
22 dearth of services for children, whether it be
23 residential treatment facilities, inpatient beds,
24 or community based services.

25 Because we hear about so many children

1 who go to the ER and stay there for so long
2 because they have nowhere else to go. And what
3 does the State need to do to resolve those issue?

4 LAURA KELEMEN: I'll start if that's
5 okay. We have seen, as was mentioned earlier, in
6 2019 the 12 beds that served children and
7 adolescents in Niagara County in their inpatient
8 program were eliminated by the particular
9 hospital. It was a funding issue. So that's put
10 additional strain on resources that exist in the
11 area.

12 Individuals who -- children and youth
13 who have particularly co-occurring mental health
14 and intellectual and disabilities are ending up
15 stuck for days and weeks and months in the
16 emergency departments without effective places
17 for individuals to go safely in the community.

18 It's an extreme concern that we have.
19 A couple of things come to mind, which we need to
20 do. Civil service has some barriers relative to
21 staffing for county entities that employ civil
22 service workers in the mental health field and in
23 the state psychiatric facilities.

24 So for example, as a licensed clinical
25 social worker, I've taken many exams to get my

1 licensure. I take many CEUs to maintain my
2 licensure. But in order to work as a clinician
3 in a state setting or in a county setting, I have
4 to take more exams.

5 AG LETITIA JAMES: Mm-hmm.

6 LAURA KELEMEN: And so that creates
7 barriers that if that were eliminated or updated,
8 that could bring more people to the table today.
9 We need to --

10 (applause)

11 LAURA KELEMEN: And that's just not
12 licensed social workers. That's mental health
13 counselors. It should be anybody with a
14 professionally held licensure that had to take
15 exams. We need to reform the civil service
16 system, so we don't have to continue to take more
17 exams.

18 AG LETITIA JAMES: Mm-hmm. Got it.

19 LAURA KELEMEN: It's an unnecessary
20 barrier at this point.

21 AG LETITIA JAMES: Mm-hmm.

22 LAURA KELEMEN: We can look to our SUNY
23 schools, and is there a way to incentivize SUNY
24 schools to admit more MSW students, LCSW -- LMHC
25 students, nurse practitioners, etcetera,

1 etcetera. Can we make scholarships more readily
2 available and tuition assistant programs easy to
3 navigate? Without easy-to-navigate programs,
4 people don't go down that road.

5 So and I know that one's a longer term
6 solution, but I think right now we have to think
7 both short term and long term solution. The
8 state O agencies are starting to talk together,
9 which is really fantastic. And so more
10 opportunities for Office of Mental Health, OPWDD,
11 and Oasis. I know some people were talking about
12 the intersect between mental health and substance
13 abuse earlier.

14 AG LETITIA JAMES: Right.

15 LAURA KELEMEN: The more opportunities
16 we have for our O agencies to collaborate amongst
17 each other to develop programs, to collaborate
18 with the local commissioners and directors of
19 mental health and substance abuse services, we
20 will get there. We just have to facilitate those
21 opportunities and make sure funding for pilot
22 projects is readily available.

23 AG LETITIA JAMES: So Ms. Kelemen, I
24 hate to interrupt Gina. Is there is an
25 interagency?

1 LAURA KELEMEN: Yes.

2 AG LETITIA JAMES: There is an
3 interagency organization. What is it called?

4 LAURA KELEMEN: So there is what's
5 referred to as the IOCC.

6 AG LETITIA JAMES: More acronyms. What
7 is that? I don't know.

8 LAURA KELEMEN: I believe it's
9 literally the Interoffice Coordinating Council.

10 AG LETITIA JAMES: Okay.

11 LAURA KELEMEN: For a while, that body
12 had just not met actively. They would review
13 certain appointments for positions, such as my
14 own, but they weren't necessarily engaging in
15 active discussions. They recently under the
16 leadership of the three O agencies right now, but
17 Commissioner Sullivan has really spearheaded
18 bringing those organizations together.

19 The Conference of Local Mental Hygiene
20 directors, IJO crashed their party a couple of
21 months ago. We were invited, and we had some
22 very robust discussions that started talking
23 about workforce and the cross-system needs.

24 AG LETITIA JAMES: Well, I don't know
25 about you, but if you and I want to crash their

1 next party...

2 LAURA KELEMEN: I'm in.

3 AG LETITIA JAMES: (Indiscernible).

4 (applause)

5 AAG GINA BULL: Ms. Kelemen, I think
6 you're right about these long-term solutions we
7 need to look about -- look at, but in the short
8 term, what are we doing to make sure children who
9 are in the ERs for weeks and months are getting
10 education services, everything that they need?
11 Because we know that children with disabilities,
12 if they fall behind, even if just for weeks, they
13 can't make that time up.

14 LAURA KELEMEN: One of the things that
15 we're doing with our local hospital systems and
16 our single points of access and the service
17 providers is we have weekly sometimes biweekly
18 meetings every -- twice a week meetings to
19 discuss what's happening with each individually
20 identified child so that we can try to build the
21 service system around them.

22 We can try to find resources where we
23 can't find resources so that we can successfully
24 get a person to a safe discharge. So we're
25 working tirelessly. One of the other concerns

1 that we have that we're just starting to talk to
2 our hospital systems about, this is a huge
3 barrier, if a child is seen at Niagara Falls
4 Memorial Medical Center, for example, in their
5 emergency department, and the ED there evaluates
6 and determines they need inpatient level of care,
7 Memorial doesn't have inpatient level of care for
8 children and youth.

9 So that person has to be transferred to
10 a different hospital system. Because of the lack
11 of available beds, finding beds is next to
12 impossible. And if a person does find a bed,
13 they then have to be transferred to a different
14 emergency department to go through the evaluation
15 yet again.

16 AG LETITIA JAMES: Mmm.

17 LAURA KELEMEN: So then families are
18 faced with -- they have other children, they have
19 jobs, they need to put food on their table. And
20 they're faced with having to go to communities
21 that they're not familiar with. Maybe they don't
22 have transportation there. To go through yet
23 another emergency department evaluation to maybe
24 then be admitted to the hospital.

25 It's a longstanding barrier that we're

1 just starting to have discussions on fixing. But
2 without enough beds, I don't know how we fix it.

3 AAG MICHAEL REISMAN: I just want to
4 follow up on -- and you may not know the answer
5 to this question, but the scenario you've just
6 described, and you've heard this from others
7 about this sort of, you know, need inpatient care
8 and can't get it at hospital A. Hospital B may
9 or may not have it. Have to wait, have to go
10 through the ED, start -- really basically start
11 the process over again.

12 Does this happen for medical services?
13 So if someone has the need for a medical
14 treatment, cancer, does this sort of thing happen
15 where someone has to go through all of these
16 steps to get the treatment that they need?

17 LAURA KELEMEN: I'm going to say not to
18 my knowledge. You may want to save that question
19 for some of your physicians that you're going to
20 talk with. But some things that don't happen,
21 for example, for our -- we have a mobile crisis
22 team, and lots of communities have mobile crisis
23 teams.

24 Our commercial ambulances are declining
25 transports of people who are having mental health

1 crises. They put them at the bottom of the
2 acuity list. A person who's having a heart
3 attack will get a transport, but -- and I started
4 my fight back, you know, when I came to the
5 County eight years ago. We were transporting
6 people to the hospital in the back of cop cars,
7 right? We don't want to do that.

8 We want to have them in ambulances, so
9 we fixed that problem, and ambulances were taking
10 our people in mental health crisis because it's a
11 medical crisis --

12 AG LETITIA JAMES: Right.

13 LAURA KELEMEN: -- to the emergency
14 room. Our commercial ambulances, due to their
15 lack of staffing, are declining to take people
16 who are suicidal, life-threatening crisis, to the
17 hospital. So now we're transporting in the back
18 of cop cars.

19 AG LETITIA JAMES: Mmm.

20 LAURA KELEMEN: At least they're
21 getting to the hospital, but that's a terrible
22 message to send to somebody who's having a
23 medical crisis.

24 AG LETITIA JAMES: I thank you for your
25 testimony.

1 LAURA KELEMEN: Thank you.

2 AG LETITIA JAMES: Very, very helpful.
3 Thank you.

4 (applause)

5 AAG STEPHANIE CALHOUN: Good afternoon.
6 I'd like to introduce the next panel. Erin
7 Melfi, Dr. Victoria Brooks, Dr. Kenyani Davis. I
8 just ask that you speak close to the microphone
9 so that everyone can hear you. And be mindful.
10 You may hear a beep at the conclusion of your
11 testimony time.

12 ERIN MELFI: Okay. Good afternoon.

13 AG LETITIA JAMES: Good afternoon.

14 ERIN MELFI: My name is Erin Melfi.
15 I'm a licensed art therapist working in private
16 practice at also at BryLin Hospital, a private
17 psychiatric hospital in Buffalo, New York serving
18 children, adolescents, and adults. I am also a
19 member of 1199 SEIU.

20 AAG STEPHANIE CALHOUN: Speak up a
21 little bit more. Thank you.

22 AG LETITIA JAMES: You're a member of
23 1199. I know you can talk with a street voice.

24 ERIN MELFI: I'm new to this. I'm new.
25 I truly appreciate the work that the Attorney

1 General's Office is doing to highlight the need
2 for more and improved mental health services.
3 For those that are not familiar with art
4 therapists, we are master's level clinicians
5 licensed through the Department of Education. We
6 are required to complete a master's level
7 program, 1,500 supervised clinical hours, and to
8 pass a test all required by New York State.

9 We attend continuing education courses
10 alongside mental health counselors and social
11 workers, and we pay our yearly fees to New York
12 State. What sets us apart from other clinicians
13 is the use of the creative arts as an alternative
14 form of emotional expression in collaboration
15 with traditional therapy to help those we serve.

16 I enjoy my work as an art therapist and
17 appreciate the opportunity to work with people to
18 live healthier and more fulfilling lives.
19 Unfortunately, this is difficult to do in an
20 environment where providers are expected to do
21 more and more with less and less. In my
22 experience, mental health therapists and staff
23 will tell you there is often more emphasis on
24 healthcare as a business than the quality of care
25 they provide.

1 This kind of pressure leads to stress,
2 burnout, and high turnover among staff. We need
3 to get back to quality, trauma-informed
4 therapeutic care, and that takes times, but also
5 improves lives. This is the care we were all
6 trained to provide, and it's the kind of care we
7 know works. If we could do this in an ethically
8 sound setting, which promotes growth, where we
9 can be paid fairly and treated kindly, therapists
10 would be lining up for job openings and staying
11 in those jobs.

12 Last week Governor Hochul announced she
13 wants to invest \$1 billion to tackle the mental
14 health crisis we have right now, including
15 opening up more psychiatric beds. And so I'm
16 glad that the governor has made this a priority.
17 However, there has to be recognition that we the
18 frontline mental health workers will be the key
19 to improving mental health services.

20 If we don't have the time to do our
21 jobs and the wages to keep and attract more
22 staff, opening up more beds or outpatient
23 services will not succeed. On that note, I would
24 like to express my disappointment with a recent
25 bill, Bill A1171A recently passed by the

1 legislature and signed into law by Governor
2 Hochul. This bill expands healthcare insurance
3 coverage for outpatient mental health providers
4 while specifically excluding creative arts
5 therapists.

6 We make up approximately 14 percent of
7 licensed New York State mental health providers,
8 meaning that would've allowed New York state
9 residents access to around 1,600 more outpatient
10 mental health providers. The mental health
11 crisis is fundamentally about not having enough
12 professionals and staff to meet the need.
13 Excluding over 1,600 potential providers
14 undermines the state's ability to solve this
15 crisis.

16 I hope lawmakers will included expanded
17 coverage for our therapists when they take up the
18 governor's call to tackle the mental health
19 crisis. Thank you for your time.

20 AG LETITIA JAMES: Thank you.

21 (applause)

22 DR. VICTORIA BROOKS: Good afternoon,
23 Attorney General James. My name is Dr. Victoria
24 Brooks. I am the medical director of Erie County
25 Medical Center's Comprehensive Psychiatric

1 Emergency Program or CPEP. I truly appreciate
2 your interest in improving access to mental
3 health treatment for western New Yorkers, and I
4 really appreciate the opportunity to be able to
5 provide input into this process. So thank you.
6 Though I have also submitted a written testimony,
7 today's comments will be an abbreviated version
8 of that testimony.

9 Working in CPEP for the last 17 years,
10 I have seen our department grow both related to
11 an increase in the need for crisis intervention
12 and emergent psychiatric care, but also as ECMC
13 has endeavored to meet that need for our
14 community, which now includes visits by denizens
15 of many neighboring counties due to lack of
16 services in those counties.

17 Due also in part to delays in
18 discharging patients to state-supported programs
19 sometimes for weeks to months coupled with
20 inadequate Medicaid reimbursements, ECMC also
21 continues to experience high patient volume
22 challenges to our CPEP.

23 As the largest provider of behavioral
24 health services in western New York, ECMC has
25 advocated for more funding and greater access to

1 outpatient services and long-term psychiatric
2 beds for years. Given recent financial losses
3 attributable to behavioral health services for
4 ECMC and other hospitals across the state to
5 expand capacity, significant increases are needed
6 for inpatient reimbursement as well as state
7 funding for capital improvements to achieve that
8 goal.

9 We're hopeful that Governor Hochul's
10 recently announced plan to increase access to
11 mental health resources will help reduce
12 overcrowding in psychiatric emergency rooms
13 across the state. We in CPEP continually work to
14 identify areas of improvement both internally and
15 within the larger system of care.

16 Incorporating feedback from patients,
17 families, and regulatory bodies into ongoing
18 quality improvement projects, we will certainly
19 continue our internal efforts. Meanwhile, we
20 regularly do and will continue to work with all
21 patients who come to clinical attention in
22 crisis, but we believe that proactively attending
23 to patient needs in the community and bridging
24 gaps with existing care providers in part through
25 improved communication with and maintenance of

1 collaborative partnerships with those community
2 agencies should be a priority.

3 Simultaneously, though, broader
4 attention paid to systemic gaps through tighter
5 system oversight may reduce the potential need
6 for emergent care and enhance engagement in
7 community based care outside of hospitals by
8 minimizing dropout rates and facilitating early
9 and urgent access to prescribers for medication
10 management.

11 The development of supportive
12 residential treatment and other intermediate
13 levels of care has potential to facilitate
14 hospital discharge planning and minimize
15 recidivism while maximizing comprehensive follow-
16 up with the community based system organized to
17 manage that care, without which the outcome is
18 invariably decompensation and inevitably the
19 return to acute hospitalization or worse.

20 Supporting the police response to
21 mental health related calls by instituting the
22 behavioral health response teams in a growing
23 number of local jurisdictions has shown promise
24 in diversion efforts, but cannot independently
25 alleviate the need for agency specifically on-

1 call systems accountable for patient care without
2 which there is no alternative at night or on
3 weekends to CPEP, which fragments care in an
4 insufficient way.

5 Because we appreciate the potential
6 traumatization inherent to crisis care and
7 involuntary admission to a locked unit, we
8 recognize all efforts to support diversion from
9 the emergency room whenever is possible.
10 Continually generating and participating in
11 efforts to develop such alternative crisis care
12 opportunities ourselves.

13 ECMC has invested and raised almost \$2
14 million from private philanthropy to grow our
15 help center urgent care clinic and our intensive
16 outpatient program. It speaks volumes that we
17 had to independently raise money for these
18 services because they are not reimbursed by the
19 state or our private peers at levels that would
20 sustain these vitally important transition-level
21 behavioral health services.

22 Improvement to the access of mental
23 healthcare in this community will first and
24 foremost require adequate reimbursement for
25 services. We will also need involvement of not

1 only healthcare providers to produce solutions,
2 but coordinated collaboration with law
3 enforcement, multiple county and state agencies,
4 in addition to political energy to reduce the
5 potential for fragmented care, and encourage
6 accountability for the health of this community.

7 Although often at the center of
8 problem-solving conversations, our CPEP program
9 should not serve as the sole focus or
10 independently bear the onus of responsibility for
11 our larger system. ECMC will (indiscernible)
12 represent our place within that system, however,
13 embracing our mission in continually striving to
14 provide the most therapeutic, comprehensive
15 psychiatric assessment and referral resource we
16 are capable of in continued collaboration with
17 all other agencies each working together to
18 integrate the system of care around us, of which
19 we are all a part. Thank you.

20 AG LETITIA JAMES: Thank you.

21 (applause)

22 DR. KENYANI DAVIS: Good afternoon.

23 AG LETITIA JAMES: Good afternoon.

24 DR. KENYANI DAVIS: My name is Dr.

25 Kenyani Davis, and I am the proud Chief Medical

1 Officer at Community Health Centers of Buffalo.
2 We are a federally qualified health center that
3 spans over two counties here in western New York,
4 so I'm here to give you two.

5 AG LETITIA JAMES: Okay.

6 DR. KENYANI DAVIS: I did submit a
7 written statement, but really what I want to do
8 is have an open conversation and a dialogue about
9 that open statement because I think that's what
10 you came here for.

11 AG LETITIA JAMES: Yes.

12 DR. KENYANI DAVIS: And the three
13 points, just to be succinct, it's appropriate
14 linkage to care, coordinated care, and I need to
15 talk about my incarcerated people. So the first
16 thing that I want to talk about is the
17 intersectionality between primary care and mental
18 health.

19 I got you from the cradle to the grave.
20 So when they can't get into psychiatry, they
21 can't get into CPEP, they can't get into BryLin,
22 I got you. When we can't piece out their mental
23 health in between their alcoholism, I got it.
24 But we don't have the infrastructure in place,
25 the reimbursement in place. I'm a federally

1 qualified health center. I can't have two
2 services delivered in one day.

3 So when Mr. Orr's Jennifer comes in to
4 see me and she tells me that she's ready to kill
5 herself, but I'm also tending to maybe her
6 chronic disease, and I need my behavioral health
7 team to come and see them, I can't bill for both
8 of those services. But being a federally
9 qualified health center, we do it anyways. We do
10 it for free.

11 A lot of times that -- the mental
12 health providers that we have, the care
13 coordinators, the case managers, that comes out
14 of our very thin operation budget. Or that comes
15 from the 340(b) money that we get that's under
16 attack.

17 AG LETITIA JAMES: Mmm. Mm-hmm.

18 DR. KENYANI DAVIS: We still do the
19 work because we've got to show up. I don't have
20 the luxury as a primary care physician to say,
21 you know what, that's somebody else's job. Or
22 you just have to wait until you get into
23 psychiatry because my community is hurting. We
24 have over 20,000 patients, and with 80 percent of
25 them are African American. The other 20 percent

1 make up the refugee health, and you talk about
2 disenfranchised populations, I got it.

3 And the one thing that I want to make
4 very clear is I hear all the time, and especially
5 in this bill, we say open up more beds. But is
6 that the right place for the right people?
7 Because we've heard testimonies. And I can tell
8 you -- I can give these patients names because
9 they're my patients. Not everybody needs an
10 inpatient psychiatric bed.

11 We always talk about communities from a
12 deficit perspective. Communities have assets.
13 The drop-in clinics that Chairwoman April Baskin
14 was talking about, and other people were talking
15 about, peer support. Sometimes these patients
16 are -- these people are dealing with how do you
17 pay your Section 8 rent? You got WIC that's
18 coming in. I got three or four kids. All I need
19 is respite care. Is that CPEP that I send them
20 to? They can't sit in my office. Where can I
21 send them?

22 One of the things that I always talk
23 about is access versus connectivity, and do not
24 think that they are both the same. Access is
25 build a building and they will come. But if the

1 people don't feel connected when they go into
2 that building, then what is the point? You have
3 a beautiful lobby. Connectivity, physician
4 recommendation is the number one thing to link.
5 I've got patients who have been in psychiatric
6 for a minute who are schizophrenic and I can't
7 even tell you what their true diagnosis is.

8 I can't even tell you what their
9 medications are. But guess what I got. I got
10 the problems associated with that medication. Do
11 not think for one second that primary care is not
12 a part of this conversation. Because in medicine
13 everybody's favorite word is --

14 (applause)

15 DR. KENYANI DAVIS: -- go see your
16 primary care doctor. When you're feeling bad,
17 where do you go? When they don't know where to
18 show up, they come in my office. I need a
19 reimbursement structure that supports that. 514
20 trauma, it's not what I read about. I was there.
21 I got a call from my CEO. Was actually in
22 Target, by the way. She said I don't know what
23 we're going to do, but we've got to go. We'll
24 figure it out when we get there.

25 So I have an entire community that is

1 traumatized that will live with them for the rest
2 of their life that will continuously come into
3 primary care. Continuously. The body keeps the
4 score. If you haven't read that book, you
5 should. It manifests as diabetes and
6 hypertension.

7 And really what we're talking about is
8 we're talking about the small percentage of
9 people that become hospitalized that increase
10 your cost. But I see them before they increase
11 your cost. I just don't have any place to put
12 them.

13 And lastly, incarceration. When they
14 come out of the prison population, everybody
15 thinks it's the physical health that I have to
16 tend to. It's the mental health that I have to
17 tend to. Because when we close down psychiatric
18 facilities, this is where we put them. They come
19 and they see me. I can't even get to the
20 hypertension because I'm going to tell you a
21 story about one of my patients who I seen right
22 after incarceration.

23 I couldn't even get to what he was
24 being treated for because I had to reorient him
25 that it is okay to walk in the room. I don't

1 have to tell you to walk in the room. That
2 stigmatization, that trauma that unfortunately a
3 lot of my black men that come out of the prison
4 system, there is no where for them to address
5 that. But you know where we address that? In a
6 federally qualified health center for free.
7 Because it's what we're supposed to do.

8 And I know I'm over my time, but all
9 I'm asking for is I'm asking the same thing that
10 my colleagues asked for. Is we do need the
11 correct support, but I need you also to pay
12 attention to concordance as well. Here in
13 Buffalo, New York, 38 percent African American in
14 which 90 percent of them live within five ZIP
15 codes. And if you do not have the healthcare
16 professionals that represent those people, then
17 you don't have connectivity.

18 (applause)

19 FDAG JENNIFER LEVY: So, Dr. Davis, I
20 don't think I have to go to church this Sunday.
21 Yeah, so I'm going to refer to her as Doctor
22 Reverend.

23 DR. KENYANI DAVIS: Yeah.

24 AG LETITIA JAMES: So let me begin with
25 Dr. Davis and talk about connectivity. So where

1 do we get the professionals who obviously can
2 connect to these individuals? Individuals
3 obviously who look like you and I.

4 DR. KENYANI DAVIS: Oh, thank you so
5 much for that question. I was waiting for it.

6 AG LETITIA JAMES: There you go.

7 DR. KENYANI DAVIS: So medicine is my
8 ministry --

9 AG LETITIA JAMES: Okay.

10 DR. KENYANI DAVIS: -- and I will say
11 it all the time. If you seek, you will find. I
12 am originally from Phoenix, Arizona, and people
13 tell me all the time, well, it's really hard to
14 attract physicians to stay here in Buffalo.
15 That's crap. I am from a desert, and I don't
16 know if you know, but I went through a whole
17 blizzard and I'm still here. Had babies here and
18 everything. If you're not looking --

19 AG LETITIA JAMES: You went from a
20 desert to a snowstorm.

21 DR. KENYANI DAVIS: Listen, that's
22 (indiscernible). But we have to be mindful and
23 intentional. When we are intentional, it gets
24 done. I had a -- in another hat that I have --
25 I'm trying to watch my time -- when we look at

1 our trainees, none of them look like me.
2 Majority of the black positions that practice
3 here in the U.S., if they don't come from an
4 HBCU, they come from overseas.

5 When are we going to tell the little
6 black girl that, hey, she can be a doctor, or
7 hey, she can be an AG? That starts with our
8 patients. I was somebody's patient once. So we
9 have to be very intentional, and you have to put
10 those in those plans. Not as an affirmative
11 action thing because affirmative action didn't
12 help little black women.

13 You have to be very intentional at the
14 education level. How many black primary care
15 physicians do we have? There's less than three
16 percent in the nation for physicians in general.
17 Here in Buffalo, when we look at our schools, how
18 many of them are there? Who is mandating that we
19 have to ensure that we have a workforce that's
20 diverse?

21 I have a -- one that, you know, we
22 trained at CHCB who wants to go into psychiatry,
23 a wonderful, gifted African American female who
24 applied to our program who still has to fight to
25 get into our program. But yet, these people that

1 we're talking about come from her neighborhood
2 and look like her.

3 AG LETITIA JAMES: Mmm.

4 DR. KENYANI DAVIS: There needs to be
5 an intentional look. And I think what
6 Chairperson April Baskin --

7 AG LETITIA JAMES: Baskin, right.

8 DR. KENYANI DAVIS: -- put together
9 with the Department of Health and putting that
10 center of equity in there is ensuring that we
11 look at that, not because we want to check a box,
12 because recruitment and retention are two totally
13 different things. To truly look at it. Because
14 if you can get it right in Buffalo, you can get
15 it right anywhere.

16 In the next few years, our population
17 will look exactly like the population in the
18 country. So if you get it right here, you can
19 get it right anywhere.

20 AG LETITIA JAMES: And is there -- when
21 they leave your federally qualified center, is
22 there a discharge plan for the individuals that,
23 you know, that come to your facility?

24 DR. KENYANI DAVIS: A discharge plan in
25 regards to from like the case workers or the --

1 AG LETITIA JAMES: Yes.

2 DR. KENYANI DAVIS: Well, we are a
3 comprehensive center. So a lot of the patients
4 that we see within our behavioral health team, we
5 serve as their primary care physician. So we are
6 probably one of the only places where I can see
7 their notes.

8 AG LETITIA JAMES: And how do you --
9 you have a limited budget, a small budget --

10 DR. KENYANI DAVIS: Mm-hmm.

11 AG LETITIA JAMES: -- and yet you serve
12 so many needs.

13 DR. KENYANI DAVIS: Mm-hmm.

14 AG LETITIA JAMES: How do you do that?

15 DR. KENYANI DAVIS: Listen, we serve an
16 amazing God, and I have an amazing CEO in Dr.
17 (Indiscernible) who the --

18 (applause)

19 DR. KENYANI DAVIS: -- who constantly
20 says that the -- it's the spirit in which we work
21 in the community. That's it. That's priority
22 number one. So if we've got to rob Peter to pay
23 Paul, we get it done.

24 AG LETITIA JAMES: So Dr. Davis, what
25 legislation would you look at? What would you

1 change? What are some of the challenges on a
2 state level?

3 DR. KENYANI DAVIS: Mm-hmm.

4 AG LETITIA JAMES: Are there any legal
5 issues that you see? Any legal barriers that we
6 could pursue? What are some of your
7 recommendations, concrete recommendations?

8 DR. KENYANI DAVIS: Concrete. The very
9 first thing that you have to fix is the
10 reimbursement, the two service reimbursements.
11 So like I said, I cannot see a patient in my
12 behavioral health or my psychiatrist. We both
13 can't see them at the same time, but they present
14 --

15 AG LETITIA JAMES: So this is Medicaid
16 reimbursement.

17 DR. KENYANI DAVIS: Right.

18 AG LETITIA JAMES: Okay.

19 DR. KENYANI DAVIS: Right. And that's
20 as a federally qualified health center. I mean,
21 we just -- we can't do it. It would be
22 considered double dipping. So we really
23 absolutely have to look into that. The second
24 thing is some of these things that are non-
25 billable --

1 AG LETITIA JAMES: Mm-hmm.

2 DR. KENYANI DAVIS: -- are truly the
3 things that translates into good care. Everybody
4 thinks, oh, they got to go see the doctor. Let
5 me tell you something, I am not the person you
6 need to see sometimes. But maybe you need to go
7 see my caseworker or my case manager to help you
8 navigate some of the types of --

9 AG LETITIA JAMES: Yeah.

10 DR. KENYANI DAVIS: -- stresses. But
11 there's no 99213 or billable reimbursement code
12 for that. So the -- we need a structure for our
13 community based organizations to be able to build
14 these insurance companies for the services that
15 they do because they do good work.

16 (applause)

17 AG LETITIA JAMES: And then last
18 question, Dr. Davis, you talked about 340(b), and
19 that's something that I've been preoccupied with
20 --

21 DR. KENYANI DAVIS: Yeah.

22 AG LETITIA JAMES: -- as the attorney
23 general. So talk to me a little bit about 340(b)
24 and some of those challenges.

25 DR. KENYANI DAVIS: I'd love to talk to

1 you about 340(b). 340(b) is, just to kind of
2 level set --

3 AG LETITIA JAMES: Yeah.

4 DR. KENYANI DAVIS: -- is a program in
5 which, if you can't afford your medications,
6 we're able to give it at a discounted cost. And
7 then whatever that surplus is, we're able to keep
8 that money.

9 AG LETITIA JAMES: You're supposed to
10 keep it.

11 DR. KENYANI DAVIS: We're supposed to
12 keep it. Facts. So what we would do and what we
13 do is we take that, and we allocate that money to
14 support services that are non-billable.

15 AG LETITIA JAMES: Mm-hmm.

16 DR. KENYANI DAVIS: The care -- the
17 case managers, the care coordinators. There's
18 care coordination codes, case management codes,
19 but you have to have two or more chronic
20 diseases. You have to have this. There's no
21 code for my 24-year-old African American male who
22 has a history of bipolar who's been in and out of
23 these hospitals who still just -- who needs
24 counseling, who needs some care coordination
25 because he doesn't understand the system.

1 There's no codes for that. So that's
2 where the money for the 340(b) comes from so that
3 I can get the support staff so that the right
4 person can take care of the right person.

5 AG LETITIA JAMES: So we're looking at
6 making sure that the -- those funds from the
7 340(b) program go to federally qualified centers
8 for other --

9 DR. KENYANI DAVIS: Absolutely. To do
10 the work.

11 AG LETITIA JAMES: Yeah, centers. Ms.
12 Melfi, is that you? I'm sorry if I mispronounced
13 it.

14 ERIN MELFI: Melfi.

15 AG LETITIA JAMES: Melfi. Thank you.
16 Do you know if there is a bill pending in the
17 assembly and/or the senate to include the
18 creative arts because you were excluded?

19 ERIN MELFI: No. The only one that I'm
20 aware of is that bill that just recently passed.
21 In the language, like in the bill's language,
22 creative arts therapists are included. However,
23 it just recently came to my attention that there
24 was a memo attached to that bill that just art
25 therapists specifically took them out.

1 AG LETITIA JAMES: So they did an
2 amendment, and they excluded the artist.

3 ERIN MELFI: Yes.

4 AG LETITIA JAMES: Okay. And with
5 respect to the wages, when was the last time
6 these professionals saw an increase? Or is it
7 subject to a collective bargaining agreement?

8 ERIN MELFI: Yes. Oh, my goodness.
9 This past summer because of the pandemic it had
10 been on hold. So I think it was about -- and
11 don't quote me on this, but I want to say four or
12 five years.

13 AG LETITIA JAMES: And is there an
14 effort to increase the number of individuals in
15 your profession, or is it -- do -- are you -- do
16 you continue to see challenges because of the low
17 salary and because of the -- all the other issues
18 that we mentioned?

19 ERIN MELFI: I can speak to -- so at
20 BryLin Hospital, we do have an art therapy
21 department, and that is unique to BryLin. And
22 it's something that my colleague fought for --

23 AG LETITIA JAMES: Mmm.

24 ERIN MELFI: -- so that we would have
25 our own space. I have advocated over the last

1 couple of years to expand the budget to allow
2 more therapists to come in so we could have more
3 groups, more individual sessions. I have -- that
4 has not happened.

5 AG LETITIA JAMES: Do you primarily
6 service young people, children?

7 ERIN MELFI: Everybody.

8 AG LETITIA JAMES: Everyone.

9 ERIN MELFI: I run groups with children
10 as young as 5 or 6 up to, you know, all adults,
11 you know, over 18 and up.

12 AG LETITIA JAMES: Thank you. Dr.
13 Brooks, ECMC has been mentioned quite a bit in
14 this hearing so far. What are your thoughts? I
15 mean, obviously all of the closures and mergers
16 has had an impact and you're at a capacity. And
17 you've got patients in the hallway. You've got
18 patients just about in every corner. And so what
19 do you say to the witnesses who said that ECMC
20 does not provide micro services for individuals
21 who are struggling with alcoholism, drug
22 addiction, and mental illness?

23 DR. VICTORIA BROOKS: Well, I think
24 that, you know, ECMC is doing really good work at
25 -- you know, my staff, you know, physicians,

1 nurses, social workers, aides, secure -- I mean,
2 we come and work in the frontlines in a very busy
3 and chaotic work environment every single day.
4 We work in, you know, a safety net hospital where
5 our doors are always open. We don't say no to
6 anybody despite the fact that we do face
7 challenges in, you know, making referrals,
8 discharge planning, getting people to the
9 resources that they need on the other side.

10 And we do the best we can. Everybody
11 has staffing issues. It's not unique to us.
12 It's certainly not unique to, you know, western
13 New York. I mean, this is a pretty national
14 problem at this point where --

15 AG LETITIA JAMES: Right.

16 DR. VICTORIA BROOKS: -- you know, the
17 hospital leadership, and especially in behavioral
18 health, it is constantly working to address this.
19 As I mentioned, you know, our internal programs,
20 we have, you know, worked extremely hard. I've,
21 you know, been working in CPEP for 17 years.
22 I've been the medical director for nine almost,
23 and I have had a lot of support from the hospital
24 in terms of networking and collaborating with,
25 you know, the Departments of Mental Health in

1 Erie and Niagara Counties.

2 We have regular meetings with regional
3 leadership from the Office of Mental Health, you
4 know, attempting to address some of the
5 children's issues that we face. And you know,
6 we're constantly reaching out and making use of
7 the resources that we know of and that we have
8 available to use to do the best job that we can,
9 you know, for the patients that we serve.

10 But I think there are these, you know,
11 external challenges that we continue to face that
12 are barriers both to access to care in the
13 community. But also inasmuch as the community
14 looks to CPEP in particular, and ECMC as, you
15 know, kind of a leader or at the center of the
16 conversation of what can we do to fix the
17 community.

18 But that's a challenge in and of itself
19 because, you know, we have our role to serve, and
20 we'll continue to do the best we can in that.

21 But once, you know, patients walk out of our
22 doors, or even prior to coming in --

23 AG LETITIA JAMES: Yeah.

24 DR. VICTORIA BROOKS: -- there are so
25 many other things that could be done, could be

1 improved upon, and we really need to rely on, you
2 know, other parts of that service, you know, care
3 within our community to be able to be part of
4 that solution.

5 AG LETITIA JAMES: At our last hearing
6 in the city, we heard a lot of outpatient
7 providers about the need for more coordination
8 between hospitals and outpatient providers. And
9 the governor also mentioned this proposal in the
10 State of the State. She suggested perhaps
11 imposing a requirement on ERs, emergency rooms,
12 to coordinate when making admission and discharge
13 decisions. What are your thoughts on that?

14 DR. VICTORIA BROOKS: Well, I can tell
15 you that we are constantly in contact. I mean,
16 they're increasing regulatory requirements placed
17 on our staff. There are constantly grants that
18 we're being told about and being asked to
19 participate in that include, you know,
20 coordination of care, follow-up phone calls.

21 And I can tell you that, you know, part
22 of our assessment process in and of itself
23 requires, you know, contact. We're reaching out
24 both to community providers if there are, you
25 know, those connections already established, but

1 also, you know, make follow-up appointments and
2 connecting them on the other side, you know, when
3 they're being discharged. Additionally, we have
4 access to PSYCKES, the Medicaid database.

5 AG LETITIA JAMES: Yeah.

6 DR. VICTORIA BROOKS: We have a
7 requirement of our social work staff that they
8 check that database for Medicaid patients --

9 AG LETITIA JAMES: Yeah.

10 DR. VICTORIA BROOKS: -- when they come
11 in so that we have all of the information that
12 we're incorporating into our assessments.

13 AG LETITIA JAMES: So you do use that
14 web program PSYCKES.

15 DR. VICTORIA BROOKS: We do, yes. And
16 one of the challenges, though, is when we make
17 those phone calls and when we reach out to, you
18 know, community providers, by the nature of CPEP
19 being an emergency service --

20 AG LETITIA JAMES: Yeah.

21 DR. VICTORIA BROOKS: -- we -- often
22 those calls go unanswered, you know, at night and
23 on weekends or unreturned before we have to make
24 a decision, clinically speaking, for you know,
25 the care of that individual and what they

1 require.

2 AG LETITIA JAMES: So there's no --
3 none of these programs are available after 5 and
4 on the weekends?

5 DR. VICTORIA BROOKS: Many of them are
6 not.

7 AG LETITIA JAMES: Many of them.

8 DR. VICTORIA BROOKS: Or the phone
9 calls aren't returned in a timely enough manner
10 to be relevant to the assessment and needing to
11 limit those delays in access to care, you know,
12 from our decision-making process and, you know,
13 wanting to be able to move people to where they
14 need to be treatment-wise.

15 AG LETITIA JAMES: And the regulatory
16 requirements, including the one being proposed by
17 the governor in the state of New York, does it
18 come with resources? Are they unfunded mandates?

19 DR. VICTORIA BROOKS: I can't speak to,
20 you know, the details of all of that by my nature
21 -- or by my role as, you know, a physician in the
22 emergency room. I know that the hospital and
23 behavioral health leadership is kind of staying
24 on top of those mandates, and they work with like
25 our social work leadership in kind of passing

1 those down and doing the things that need to
2 happen. So I can't really speak to the details
3 of reimbursement. I do know there's some grant
4 funding that, you know, does kind of lead to the
5 implementation of certain, you know --

6 AG LETITIA JAMES: Right. And this \$1
7 billion that the governor's proposing, I believe
8 in your testimony you indicated that if in fact
9 ECMC were to get some of those funds, it would be
10 used for capital improvements to improve your
11 physical space?

12 DR. VICTORIA BROOKS: We could always
13 improve the physical space as just -- I mean, I
14 could talk for another two hours about
15 suggestions on making that happen. But you know,
16 all of that really requires collaboration with
17 the hospital leadership and kind of decision-
18 making that, you know, would have input from all
19 of the members of our treatment team.

20 AG LETITIA JAMES: Thank you, Dr.
21 Brooks. Any other questions from --

22 AAG MICHAEL REISMAN: Yeah. Just a
23 quick question, Dr. Brooks, and thank you for
24 being here today. We've heard a bit today about
25 respite centers and recovery centers. And to Dr.

1 Davis' very good point that while there are
2 people who do require inpatient psych services,
3 there are a lot of people who don't. Are the --
4 are respite centers or recovery centers or these
5 sorts of programs, are they on your radar at --
6 as a way to help people, to send people so that
7 they don't need to basically wait around in the
8 CPEP?

9 DR. VICTORIA BROOKS: Definitely. As I
10 mentioned, it is -- you know, especially for
11 someone in a crisis, it's traumatizing to come
12 to, A, a hospital, an emergency room with a
13 locked door behind you where, you know, locus of
14 control is kind of removed. And there are a lot
15 of reasons that diversion centers are ideal, both
16 pre-hospital but also as an alternative to
17 remaining in the CPEP unit or in a hospital for
18 unnecessarily long periods of time because there
19 is no alternative discharge opportunity. It has
20 to do with, you know, both adult issues, but also
21 issues in the children's system of care.

22 AAG MICHAEL REISMAN: Are there enough
23 of those beds in Buffalo?

24 DR. VICTORIA BROOKS: For adults or
25 children?

1 AAG MICHAEL REISMAN: For either.

2 DR. VICTORIA BROOKS: No. Probably
3 not. Certainly there are challenges in the
4 children's system of care that are much
5 different. And you know, as I mentioned, we work
6 with the Department of Social Services and with,
7 you know, OMH to try to maximize those
8 opportunities, but often that is a significant
9 delay in discharge.

10 And additionally, on the adult side of
11 things, you know, there are both problems with
12 nursing care facilities, but also supportive
13 housing for, you know, those with chronic mental
14 illness. And you know, even just housing in
15 general, shelter options in large part because
16 many of those resources, while limited, also have
17 the ability to say no.

18 And so we have to appeal to them for,
19 you know, can I have a bed for -- A, do you have
20 a bed for this person; and B, can this person in
21 particular have that bed. And those are very
22 different questions, and often the answer is no,
23 and then we don't have another alternative.

24 AG LETITIA JAMES: Right. So Dr.
25 Brooks and Dr. Davis, you know, we heard stories

1 about individuals who basically have left their
2 child at your doorstep --

3 DR. VICTORIA BROOKS: Mm-hmm.

4 AG LETITIA JAMES: -- for psychiatric
5 care because they have nowhere to turn. Were
6 those -- was that an isolated story or two, or is
7 that pretty much...

8 DR. VICTORIA BROOKS: Well, I can speak
9 to my experience, which is that it is a frequent
10 problem both for families and also for the
11 hospital that feels kind of impotent at times to
12 solve the problem for families. When, you know,
13 a hospital serves a specific purpose, and if
14 someone doesn't have acute symptoms that might
15 reasonably be managed in an acute inpatient unit,
16 then our CPEP, you know, we're often left to work
17 with families to resolve many social issues.

18 Chronic ongoing behavioral, access to
19 care on an ongoing basis in the community, things
20 that Dr. Davis mentioned that usually patients
21 that come in don't need me.

22 AG LETITIA JAMES: Right.

23 DR. VICTORIA BROOKS: More often they
24 need kind of my support staff. And the hospital
25 has brought in, you know, nurse case managers,

1 social work staff that are dedicated to work with
2 just the children and adolescents that we serve.
3 We have -- you know, Erie County DSS has
4 dedicated a CPS worker full time embedded in CPEP
5 because of the extent that her intervention is
6 needed to be a liaison to DSS and CPEP.

7 AG LETITIA JAMES: But Dr. Brooks, is
8 it behavioral or is it mental illness?

9 DR. VICTORIA BROOKS: Both, and those
10 are --

11 AG LETITIA JAMES: And is the answer
12 the Department of Social Services?

13 DR. VICTORIA BROOKS: No, but we need
14 their input. We can't possibly solve those
15 problems independently often without their input.
16 And --

17 AG LETITIA JAMES: Right.

18 DR. VICTORIA BROOKS: -- not just, you
19 know, Department of Social Services, but also,
20 you know, the representatives from the county
21 SPOA office and, you know, access to children's
22 services in that direction. Because there's
23 going to be the community based programs that --

24 AG LETITIA JAMES: Right.

25 DR. VICTORIA BROOKS: -- will help

1 support these children with more chronic ongoing
2 behavioral disturbances that don't necessarily
3 resolve or aren't addressed appropriately in an
4 acute hospital setting.

5 AG LETITIA JAMES: Right.

6 DR. VICTORIA BROOKS: But obviously,
7 they're, you know, to avoid the return to the
8 hospital or the need for a higher level of care
9 are really necessary in supporting discharge
10 planning efforts.

11 AG LETITIA JAMES: Thank you. Dr.
12 Davis?

13 DR. KENYANI DAVIS: Yeah. Sorry. They
14 told me not to touch the mic and I did exactly
15 what you told me not to. I would like to comment
16 on that just from a different angle. And to
17 answer your question, I don't know if Social
18 Service is the right place for that because
19 Social Services sometimes retraumatizes people.

20 And I get that that's where we kind of
21 put stuff because we don't know where else to put
22 it. But in the community that I serve, there are
23 other, once again, good community based
24 organizations that can handle some of this stuff.
25 And when you say behavioral health or mental

1 health, sometimes you can't tease the two out.
2 It's because when you have -- when you live in
3 let's say dilapidated buildings, social
4 determinates of health make up 80 percent of the
5 totality of somebody's health.

6 AG LETITIA JAMES: Mm-hmm.

7 DR. KENYANI DAVIS: So if you live --
8 (applause)

9 DR. KENYANI DAVIS: -- in poor
10 infrastructure that has, let's say, lead problems
11 --

12 AG LETITIA JAMES: Right.

13 DR. KENYANI DAVIS: -- right, lead
14 problems lead to impulsivity, lack of impulsivity
15 control. Which then people get labeled as ADD or
16 ADHD, and then they land into your criminal
17 justice system. So how do you tease that out?
18 Because that happened years ago, right? So of
19 the "behavioral health issues" can be some mental
20 health issues --

21 AG LETITIA JAMES: Right.

22 DR. KENYANI DAVIS: -- as well. And
23 for me, I see the mothers who are bringing their
24 kids in because of this, or they're at their
25 wit's end. And who do I hook them up with? When

1 you have community organizations like SNUG --

2 AG LETITIA JAMES: Mm-hmm

3 DR. KENYANI DAVIS: -- right, and you
4 have, you know, other people in the community who
5 look like them who understand, a lot of times
6 they're more impactful and more powerful than the
7 stroke of my pen and my --

8 AG LETITIA JAMES: Right.

9 DR. KENYANI DAVIS: -- medication. So
10 I don't think Social Services is the right place.
11 Once again, I think it is creating the
12 infrastructure for some of these grassroot
13 organizations to do the work and look at this
14 community from a community asset building instead
15 of a community deficit.

16 AG LETITIA JAMES: Yeah. And --

17 (applause)

18 AG LETITIA JAMES: And lead paint is
19 still an issue that we are still dealing with
20 because the vast majority of our litigation
21 against some of these -- regarding lead paint is
22 in Buffalo.

23 DR. KENYANI DAVIS: We have a lot in
24 common, don't we?

25 AG LETITIA JAMES: Yes, we do.

1 DR. KENYANI DAVIS: We do.

2 AG LETITIA JAMES: So, I want to thank
3 you, Reverend Davis. I want to thank you, Dr.
4 Brooks, and I want to thank you, Ms. Melfi, and I
5 want to thank this panel. Thank you all.

6 (applause)

7 DR. KENYANI DAVIS: Thank you for the
8 opportunity.

9 AAG STEPHANIE CALHOUN: Thank you,
10 everyone. We will take a five-minute break for a
11 mic check. Thank you.

12 (Break)

13 AAG STEPHANIE CALHOUN: -- you speak
14 into the microphone so that the individuals on
15 the livestream can hear you, as well as the live
16 audience here. Our next panel consists of Sara
17 Taylor --

18 AG LETITIA JAMES: Yes.

19 AAG STEPHANIE CALHOUN: Once again, our
20 panel consists of Sara Taylor, Doug Hahn, Philip
21 Vaillancourt, Denise Amato. You may each begin,
22 and be mindful of the time. You may hear a beep
23 at the conclusion of your allotted time.

24 SARA TAYLOR: Thank you for having me.
25 My name is Sara Taylor from Rochester, New York,

1 and I am the founder of the BIPOC PEEEEEEK Parent
2 Mental Health Project. There was nothing in my
3 career and training as a social worker and non-
4 profit administrator that would have prepared me
5 for what it has been like navigating the mental
6 health system for my child.

7 Not wanting to see my great-niece in
8 the foster care system, our story began in 2009
9 when I was asked to care for my great-niece for 6
10 months, who was 11 months at that time, and born
11 to a mother suffering from depression and
12 homelessness.

13 My analogy and story of navigating the
14 mental health system in New York state is a
15 combination of TV shows and movies like a
16 Lifetime movie, reality TV show, horror movie,
17 Incredible Hulk, Jerry Springer Show, Color
18 Purple, What Would You Do?, The Jeffersons, Medea
19 Family Reunion, Judge Judy, Judge Maybelline,
20 COPS, CSI Miami, Blackish, Young and the
21 Restless, and even Roots.

22 If you would've asked me five years ago
23 if my story and the realities of a black parent
24 raising a child with a mental health condition
25 was true I would say no. This experience has led

1 me to believe that we have systems of healthcare
2 for children in this state. Children with
3 medical conditions, white children with
4 behavioral health conditions, and black and brown
5 children with behavioral health conditions.

6 From 2018 to present, our journey has
7 gone from six-month wait lists, more than 15
8 mental hygiene arrests, so many referrals for
9 service that I can't keep up with, meeting after
10 meeting, 15- to 24-hour waits in crisis emergency
11 programs only to be sent away after hours of
12 waiting and told it was behavioral, CSE meetings
13 with unsafe child in psychiatric emergencies, two
14 and a half years having my child in residential
15 treatment, the levels of shame, blame, guilt
16 unimaginable.

17 Having a system where there's no
18 professional clinical staff of color that looks
19 like us, programs that lack training, and
20 culturally responsive care is heart-wrenching.
21 Some of the non-strength-based things that I've
22 heard in various settings within the mental
23 health trauma-informed systems include I need to
24 get my billable unit in by the end of the month,
25 so I need to see your child. You're not like

1 other parents from this city.

2 Your daughter is not as bad as they
3 told me she was. It looks like she's coming over
4 here to cause trouble. Do you want to apply for
5 SSI? You appear to be an overly aggressive
6 parent. Some of our experiences navigating wait
7 lists and crisis services from six weeks to six
8 months, more than 10 --8 to 10 psychiatric
9 emergency room visits as the largest university
10 hospital systems when you're on the first floor
11 of a medical pediatric emergency, and it makes
12 the family's experience positive. A red carpet
13 is rolled out to you.

14 You go one flight up to what I call the
15 modern day Willow Brook where you wait for hours
16 in filthy conditions with little sympathy in
17 settings where no one introduces themselves to
18 you or gives you eye contact. This is heart-
19 wrenching. Agreeing to have my child take
20 medication to get out of crisis, fast-forward,
21 she gained 60 pounds.

22 If I would've been educated more, 2020
23 two days before Christmas, admitting my child to
24 a children's psychiatric hospital 60 miles away
25 with her matted hair, I asked the staff is there

1 anyone that can do ethnic hair. They say what do
2 you mean. Always asking is there a therapist of
3 color, told we don't have any trained. Calling
4 for 911 emergencies, they manhandle her.

5 As a black parent living this three-
6 year journey in and out of emergencies, multiple
7 mental hygiene arrests, various levels of
8 residential outpatient services has given me an
9 up-close and personal perspective of the current
10 children's mental health crisis.

11 We have deep-rooted system in equities
12 negatively impacting black and brown children,
13 and we can't blame it all on COVID. We have the
14 data around disparities. In October of 2020, the
15 Surgo Foundation and Mental Health of America
16 cited 13 cities impacted by the negative impact
17 of mental health and high poverty census track
18 identifying Rochester, Buffalo, and Syracuse as
19 triple threats. Triple threats.

20 We know what the statistics are telling
21 us about black suicide rates among our youth.
22 And fresh off the press, the Satcher Health
23 Leadership Institute at Morehouse School of
24 Medicine just in September released the first of
25 a kind report highlighting the economic burden of

1 mental health and equities in the United States
2 found that 177,000 lives were lost and
3 approximately \$280 billion could have been saved.

4 So (audio skip) community level non-
5 clinical culturally responsive care in high
6 poverty census tracks. Our folks don't always
7 need hospitals and emergency (audio skip). No
8 one is talking about mental health and equities,
9 and as we're not addressing it as a community
10 level, non-clinical culturally responsive care,
11 and high poverty census tracks. Our folks don't
12 always need hospitals and emergencies.

13 It's not okay to keep funding the same
14 programs that are not working with evidence-based
15 models that are not culturally responsive. I'm
16 tired of the check-the-box parent advisory boards
17 that are fake. We got parent advisors in all the
18 OMH field offices, but when the new act RFPs were
19 rolled out, not one parent was consulted or youth
20 stopped using us.

21 We are experts. We need to address
22 things from an equitable lens. We're not talking
23 to high Medicaid populations of black and brown
24 parents that will never show up at clinics. What
25 are we doing about equity and these fake check-

1 the-box DEI initiatives? We need to be
2 intentional with measurable outcomes with the
3 data from the Office of Mental Health regarding
4 Children's Behavioral Services and that equitable
5 lens and the disparities and inequities.

6 Our children are criminalized at
7 levels. How many youth, black youth, have left
8 our residential facilities and went to the
9 Juvenile Justice Center? I can tell you right
10 now my child's waiting to come home, waiting to
11 come home after two and a half years.

12 I just had a meeting yesterday.
13 There's no school for her right now. With the
14 staffing issues, she's starting to regress. We
15 want her home. There's staffing issues in the
16 day treatment programs. What are we going to do
17 about the equity and the injustices done to our
18 black and brown children? Yes, in deep-rooted
19 systemic issues even in the mental health system
20 here in New York state.

21 (applause)

22 SARA TAYLOR: Thank you.

23 DOUG HAHN: Hello. My name is Douglas
24 Hahn, and I am a youth peer advocate with the
25 Mental Health Advocates of Western New York. I

1 also happen to be someone who has lived through
2 the mental health system both as a child and as
3 an adult. Over the course of my life, I first
4 got hospitalized when I was at the age of 10. I
5 am now 26, and I've been hospitalized an
6 additional six times. And I've also worked in
7 those same facilities that I have been
8 hospitalized in.

9 Over the years I've noticed a really
10 encouraging increase of conversation around
11 mental health. A larger acceptance from the
12 youth that having these facilities and going to
13 them, it's okay. That, unfortunately, has been
14 coupled with a decrease in beds, a decrease in
15 funding and programming in the facilities, and
16 overall just huge staff turnover rates.

17 This has led to a problem where youth
18 who need these services for safety reasons, for,
19 you know, help that they want, can't access them.
20 Then they do access them, it is you get in, they
21 check your medication, you get out. There is
22 just such a backlog that it has created a sense
23 of almost despair with the youth I work with
24 individually.

25 You know, I've had a client that I

1 worked with who had stayed in a short-term
2 hospitalization for about two weeks before they
3 were then transferred to a long-term
4 hospitalization. They were only at that long-
5 term hospitalization for a month. I've been at a
6 short-term facility for a month just waiting to
7 get into a long-term facility.

8 The fact that they were only allowed to
9 stay there for a month because of -- it was
10 during the time of COVID, so there were policies
11 moving them through. They didn't get the
12 services they needed. They were struggling
13 severely to a place that should have been their
14 last resort to get those needed services was
15 taken away from them because of that.

16 I, myself, have attempted suicide many
17 times over the course of my life. And it was in
18 one of my hospital stays that I was able to find
19 a reason to keep living. It is what put me on
20 the course of my path where I am now. I shudder
21 at the thought of if I was now going through the
22 same exact struggles but being put in the same
23 hospitals. It would be a completely different
24 experience with completely different outcomes.

25 The programming's not there, the staff

1 -- just -- it's very hard to have an
2 accommodating and welcoming environment when the
3 most experienced staff has only been there for
4 four months. How can they provide the best
5 services possible?

6 So again, to just -- and it really
7 pains me because, you know, I work now with youth
8 who have been in similar situations. And you
9 know, before when I was younger, 10 years, you
10 know, 15 years ago, I would've happily told them
11 please go here, go to this hospital, utilize
12 these services. I know the people there.
13 They're going to do great work for you. I can't
14 say that anymore.

15 AG LETITIA JAMES: Mmm.

16 DOUG HAHN: And you know, I have to do
17 my best to try and help them in these crises, but
18 we are failing the youth in a spectacular way
19 when we are saying you need to go to a hospital,
20 you can't be safe, and that hospital environment
21 is an added trigger, and not safe for that
22 individual. That's all I'll say.

23 (applause)

24 AG LETITIA JAMES: Thank you.

25 PHILIP VAILLANCOURT: My name's Phil

1 Vaillancourt. It is an honor to be here to speak
2 on a matter I'm passionate about, mental illness.

3 AG LETITIA JAMES: Mr. Vaillancourt,
4 could you move the microphone a little just
5 closer to you?

6 PHILIP VAILLANCOURT: Sorry.

7 AG LETITIA JAMES: Thank you.

8 PHILIP VAILLANCOURT: So many families
9 like mine are struggling to help -- to get help
10 and the resources for a loved one who suffers
11 from mental illness. My story is consistent to
12 those around me. We have a lack of immediate
13 placement facilities in our area, and we have a
14 lack of staffing and staffing challenges to
15 combat mental illness.

16 My child was discharged from the
17 psychiatric center last summer, and shortly after
18 discharge their mental health declined to a point
19 where I needed crisis services and police
20 assistance on several occasions where they were
21 transported to ECMC's CPEP. On each visit, my
22 child was evaluated and discharged as they did
23 not meet criteria to be admitted.

24 Upon coming home, my child's behavior
25 worsened. On one occasion, my child was running

1 in the road trying to get hit by oncoming
2 traffic. Crisis services were called and police
3 were dispatched where my child charged after the
4 responding officer who was on the scene to de-
5 escalate. My child was brought back to ECMC
6 CPEP. After another evaluation, I was called to
7 pick up my child.

8 Another time, my child was attacking me
9 while I was driving, and I needed police
10 assistance. When the officers arrived, it took
11 four officers to remove my child from the vehicle
12 and transport back to ECMC CPEP. Again, my child
13 did not meet criteria to be admitted. After this
14 final time, I realized my child needed
15 significant help.

16 I would think that if someone was a
17 harm to themselves or others that would meet
18 criteria to be admitted. I was mistaken. My
19 child's behavior was at a level I was concerned
20 about their well-being and the safety of my
21 family members and the community. I was asked to
22 pick up my child once again, and I refused. I
23 believe this was in the best interest of my
24 community and family.

25 The hospital felt that I was neglecting

1 my child and therefore reported my case to Child
2 Protective Services. No, I was not -- or no, I
3 was protecting my child from harming themselves
4 and my other children. As a parent, knowing that
5 I did not pick up my child from when ECMC
6 requested a pick-up, there was a risk of Child
7 Protective Services involvement and the scare of
8 removal of my other children from my home is a
9 concern of mine.

10 When Child Protective Services was
11 involved, my neglect case was unfounded, and that
12 is when I finally started receiving the help I
13 needed. No family should have to go through the
14 measures I took such as calling the police seven
15 times and Child Protective Services in order to
16 get a loved one mental help. It should not have
17 taken that long for my child to get the resources
18 they needed. Thank you.

19 AG LETITIA JAMES: Thank you.

20 (applause)

21 DENISE AMATO: Good afternoon, Attorney
22 General James --

23 AG LETITIA JAMES: Good afternoon.

24 DENISE AMATO: -- and staff. To all
25 mental health advocates, providers, families and

1 everyone indirectly or directly involved with the
2 mental health of our Buffalo community. My name
3 is Denise Amato, and I'm the proud mother of a
4 20-year-old son who, for the past four years, has
5 suffered with mental health having been diagnosed
6 with bipolar disorder 2.

7 Let me prefix this by saying that never
8 in my life would I have ever predicted the
9 horrible challenges that our citizens must deal
10 with when suffering from mental health disorders.
11 My son Alexander was a happy, polite, very
12 outgoing child who made friends and was always an
13 honor roll student all through school.

14 He played sports. Sometimes even won
15 rookie of the year, was on the student council,
16 and he performed in plays and musicals. But he
17 started suffering from depression and anxiety
18 with his high expectations of himself. And it
19 was also, I assume, at the height of his
20 adolescent growth spurt. So I do believe
21 hormones have a lot to do with young men and
22 bipolar disorder.

23 Our first real experience with crisis
24 came when he decided that he was too overburdened
25 with his extensive school and thought attempted

1 suicide was the only answer. That was four years
2 ago. Since his first initial hospitalization in
3 the youth ward of ECMC, that is when they did the
4 diagnosis of bipolar disorder 2. It has been a
5 very disheartening experience to say the least
6 while trying different doctors, different
7 cocktails of medications, always trial and error.

8 The challenges of communication with
9 doctors, calling their office and never getting
10 return phone calls back, also dealing with their
11 insurance problems. Some don't take GEER
12 insurance. Some charge \$100 for a visit. Who
13 can afford that? Who can anybody afford \$100
14 monthly visit?

15 So with those severe lack of resources
16 that we have available, oftentimes our only
17 course of action was to drive him or have the
18 ambulance take him to the emergency department of
19 either ECMC or Niagara Falls Memorial.

20 Unfortunately, I feel that the shortages of
21 psychologists and psychiatrists are affecting the
22 problems that we are facing.

23 A lot of times you would call an office
24 and they'd say, oh, we're sorry, it'll be two to
25 three months for an initial consultation because

1 we have an upsurge of patients because of COVID.
2 That's not acceptable. What do you do if your
3 son is escalating his behavior? Two to three
4 months. It could cause harm. It could cause
5 suicide.

6 So I just want to just read this part,
7 but they don't have time because they're
8 overburdened. So there's no follow-up. With
9 HIPAA, if a person is 18 years old or over, he
10 might feel incapacitated in not being able to
11 express themselves, but then you -- they won't
12 talk to the parents. And the parents are the
13 frontline of mental health.

14 We are the ones that deal with our
15 family member day in and day out. We know what
16 the signs are, but we aren't medical doctors or
17 psychiatrists that can actually administer
18 medicine. And we do need to try to attempt a
19 more wholistic approach as well. Because I do
20 often think that we are over-medicating our loved
21 ones.

22 (applause)

23 DENISE AMATO: I already addressed
24 about the health insurance, and I do believe that
25 is a huge problem. So basically because of the

1 challenges of reaching doctors, we cannot become
2 proactive, and I truly believe that proactive is
3 where we need to be.

4 Just a quick little story. A couple of
5 summers ago, we took a road trip out to Rhode
6 Island to visit my family. But my son had
7 started being manic, and the mania can be
8 positive at first, but it ends up becoming a non-
9 sleep thing. And anyone in this room or
10 elsewhere who goes without sleep for more than a
11 day, their behavior will become agitated,
12 aggressive, negative. It doesn't matter.

13 We are humans. We need our basic
14 water, food, shelter, and sleep. So what
15 happened was, when I saw this happening, I called
16 our mental health provider back here in Buffalo,
17 and I pled to have them prescribe us something
18 for him to sleep. Because I knew that we could
19 hit it head-on if he could only sleep the night.
20 Do you know that they never, ever returned my
21 phone call?

22 I was in tears. We had to cut the trip
23 short and come back and go to an emergency room.
24 So you can only imagine the frustration that I
25 felt, and I would never, ever wish that on any

1 parent. Therefore, I am here today to plead to
2 you our attorney general, and to all leaders in
3 western New York, that we do have a very urgent
4 and extreme need for mental health assistance.
5 Our citizens deserve much better quality of life
6 than we are providing at this time.

7 We need more providers, more
8 comprehensive care that would prevent
9 hospitalization, and would alleviate the volume
10 at our two psychiatric emergency departments,
11 which are ECMS and Niagara Falls Memorial, and I
12 do believe BryLin.

13 I guess I'm out of time, but I do want
14 to say that my son spent almost a month at the
15 ECMC psychiatric unit there. And while he was in
16 CPEP, he had to sleep on the floor for four
17 nights. They had a computer glitch. They
18 weren't fed lunch one day. They stole his shoes,
19 stole his shirt. He was assaulted by someone on
20 the floor.

21 I actually would leave crying being so
22 depressed that I did make an appointment and met
23 with the CEO -- COO Andrew Davis and also the VP
24 of mental health just to address my concerns. Of
25 course, again, it's a staffing issue. They don't

1 have enough beds. They can't handle the volume
2 because everyone from the holding center to
3 homeless to all the areas surrounding come to the
4 ECMC.

5 AG LETITIA JAMES: Yes.

6 DENISE AMATO: So, I just want to say
7 in conclusion, I am asking all of us here to work
8 together to urge our leaders to create more
9 comprehensive centers because our family members
10 deserve good quality of life. We must advocate
11 for those who do not have a voice at times, or if
12 they are suffering too much to ask for help.

13 Our community's future also depends on
14 it. I will sincerely keep the hope alive for all
15 of us here in western New York impacted by this
16 unexplainable and ever-increasing need for
17 proactive and respectful mental healthcare.
18 Thank you very much for your time today and for
19 allowing me to share our story.

20 AG LETITIA JAMES: Thank you, Ms.
21 Amato. Let me begin with Ms. Taylor. Ms.
22 Taylor, Rochester, Buffalo, and Syracuse high
23 census tracks -- high poverty census tracks. You
24 talked a lot about equity and systemic
25 injustices, so my -- and disparities. My

1 question to you is what are your recommendations
2 and thoughts on addressing some of the
3 inequities? And can we do it through an RFP if
4 at all possible?

5 SARA TAYLOR: Absolutely. To give you
6 an example of disparities, we know that
7 culturally we have to approach mental health in a
8 different way and engage. And when we look at --
9 to give you an example, our project started to
10 train more family peer advocates of color. Why
11 was that not a priority? You look at who's being
12 served in the mental health system, particularly
13 upstate New York.

14 AG LETITIA JAMES: Yeah.

15 SARA TAYLOR: And when you look at the
16 demographic of who are family peer advocates,
17 don't tell me you can't find us. Are you being
18 intentional about engaging families and helping
19 them in a preventive manner?

20 We also know after the Buffalo massacre
21 that OMH was very responsive at funding
22 untraditional services, like healing circles,
23 restorative practices. How come that can't be
24 the norm? Everything is not going to fit into --
25 when you're talking about diverse ethnic

1 populations, everything is not going to fit into
2 a Medicaid billable check-off. It's not. It's
3 not. So we need to become intentional. It's
4 frustrating. I heard Dr. Davis say it.

5 AG LETITIA JAMES: Yeah.

6 SARA TAYLOR: We've got to stop saying
7 we can't recruit. We have these residential
8 facilities that have minority staff working at
9 the front end. Who is developing them to
10 advance?

11 AG LETITIA JAMES: Ms. Taylor, can you
12 name some models that are out there?

13 SARA TAYLOR: Absolutely. One model in
14 Pittsburgh that is called Steel Smiling.

15 AG LETITIA JAMES: Steel Smiling?

16 SARA TAYLOR: Steel, like the Steelers.
17 Steel Smiling --

18 AG LETITIA JAMES: Okay.

19 SARA TAYLOR: -- we're hoping to bring
20 to this community.

21 AG LETITIA JAMES: Okay.

22 SARA TAYLOR: They go into Alleghany
23 County and black communities, recruit cohorts of
24 residents, give them therapy, address the racial
25 trauma, and then they train them to be community

1 mental health workers. So we got healthcare
2 outcomes, and we have workforce outcomes. That
3 is the model we're hoping to bring and pilot in
4 this community. Trusted voices right in the
5 neighborhood. I can tell you after Daniel Prude,
6 what happened in Rochester, we had many support
7 groups with parents in Rochester and Buffalo that
8 said my child is cutting themselves --

9 AG LETITIA JAMES: Mmm.

10 SARA TAYLOR: -- but I would never call
11 the police right now. So we have so many
12 families suffering silently that would never, for
13 whatever reason, show up at a clinic door. But
14 how come we're not meeting them at the rec
15 center, the barber shops, the ministries?

16 (applause)

17 SARA TAYLOR: Doing something different
18 and innovative and allowing parents. We got to
19 stop having these advisory boards. We have great
20 peer programs with parents, but let's be real.
21 When it comes to our black and brown communities,
22 we're not showing up in Albany.

23 AG LETITIA JAMES: Mmm.

24 SARA TAYLOR: Okay? So what do we need
25 to do to go into the neighborhood in safe spaces

1 and places and meet them to hear our issues from
2 us that look like us? Empathetic. That -- it
3 can be done, and we have to be willing to do
4 something different. And one of the things that
5 we know, evidence-based models are important. We
6 know that. But when we look at who's doing the
7 research, when we look -- that is designing the
8 evidence-based models, they don't look like me.

9 WOMAN: Mm-hmm.

10 SARA TAYLOR: They don't understand it
11 from a cultural lens. So are we going to invest
12 in mental health and research in models to help
13 us develop models that work for our people? It's
14 time. We have an opportunity, particularly after
15 the massacre here.

16 AG LETITIA JAMES: Yeah.

17 SARA TAYLOR: Families are hurting.
18 They're not necessarily showing up at clinics.
19 They may want something different, and it's okay.
20 But are we heightening those models and investing
21 in them?

22 AG LETITIA JAMES: Thank you, Ms.
23 Taylor.

24 SARA TAYLOR: Thank you.

25 (applause)

1 AG LETITIA JAMES: Mr. Hahn, what put
2 you on the road to recovery? How did you...

3 DOUG HAHN: This way. So for me
4 personally -- is it good enough? How about now?

5 AG LETITIA JAMES: Yeah, that's fine.

6 DOUG HAHN: Yeah, okay. So for me, a
7 large part of my trauma was from having trust
8 broken from an adult. So a large part of my
9 journey was never really opening up to an adult,
10 so no parents, no counselors, no social workers.
11 None of them were able to really help me.

12 It was at one of my hospital stays,
13 however, that I met someone that does what I do
14 now, a youth peer advocate. They were a lot
15 closer to me in age. I think at the time they
16 were only like six years older than me.

17 AG LETITIA JAMES: Mmm.

18 DOUG HAHN: Their story was shockingly
19 similar to mine. And the thing that really did
20 it for me was they went through a lot of the same
21 things I did, but they're an adult now. They
22 have a job. They're living their life. That was
23 something back then that I thought I was going to
24 be dead by the age of 17. I would never make it
25 to adulthood.

1 AG LETITIA JAMES: Mmm.

2 DOUG HAHN: So seeing somebody very
3 similar to me make it past that, that completely
4 changed the trajectory of my life.

5 AG LETITIA JAMES: And so where do you
6 refer young people to today? A young person
7 engages in self-mutilation, where do you refer
8 them?

9 DOUG HAHN: I'm sorry. I didn't quite
10 hear that.

11 AG LETITIA JAMES: If an individual
12 engages in self-harm, where do you refer them?
13 What do you -- how do you counsel them?

14 DOUG HAHN: You do the best you can, I
15 guess. I mean, I have to try and give them as
16 much support and empathy as I can. But at the
17 end of the day, and you know that's kind of why I
18 wanted to talk about the hospitals is --

19 AG LETITIA JAMES: Yeah.

20 DOUG HAHN: -- if it is that severe
21 where their safety is in play, that's where they
22 have to be. I mean, I myself, like I mentioned
23 was hospitalized seven times. Each one of those
24 times was in a very severe situation where had I
25 not been there, who knows, right?

1 AG LETITIA JAMES: Right.

2 DOUG HAHN: So I really want to
3 emphasize, you know, we want those proactive
4 treatments that everybody else has been talking
5 about. But the hard reality at the end of the
6 day is the hospitals are needed, and they
7 definitely need to be improved vastly.

8 AG LETITIA JAMES: Mr. Vaillancourt,
9 did I say that correctly?

10 PHILIP VAILLANCOURT: Yes.

11 AG LETITIA JAMES: How is your son
12 today?

13 PHILIP VAILLANCOURT: My child's
14 currently at an RTF getting more --

15 AG LETITIA JAMES: And -- go ahead.

16 PHILIP VAILLANCOURT: -- more help, but
17 their stay at ECMC was about four months before
18 they were finally transferred to an RTF.

19 AG LETITIA JAMES: But you only got
20 assistance when you basically surrendered your
21 child at the hospital, correct?

22 PHILIP VAILLANCOURT: Correct.

23 AG LETITIA JAMES: And it shouldn't
24 have -- parents should not have to surrender
25 their children and/or abandon their children at

1 the doors of a hospital.

2 PHILIP VAILLANCOURT: No. The other
3 part that she -- my child was discharged from the
4 psychiatric center in West Seneca, they -- ECMC
5 felt that there was going to be struggles with
6 the transition home, which I was aware of that.
7 But to the level it was at, it was not --

8 AG LETITIA JAMES: Right.

9 PHILIP VAILLANCOURT: -- bearable for
10 my -- rest of my family. And for the safety of
11 all of us, to me she needed more help.

12 AG LETITIA JAMES: Yeah. I want to
13 thank you for your testimony. And Ms. Amato,
14 what are your recommendations with regards to
15 changing the system?

16 DENISE AMATO: I guess it's
17 complicated, but number one I would improve on
18 the health insurances. I would make it
19 completely affordable and that providers cannot
20 refuse any insurance. That is so big. The
21 insurance that we use is out-of-state, and you
22 would not believe how many providers will not
23 accept it.

24 AG LETITIA JAMES: Right.

25 DENISE AMATO: And that's his father's

1 insurance, so there's nothing much, you know, we
2 can do about that.

3 (audio skip)

4 DENISE AMATO: -- and they could have
5 access on weekends and holidays.

6 AG LETITIA JAMES: Okay. And do you
7 support peer advocates? And that's a question
8 for Ms. Amato and Mr. Vaillancourt. Because the
9 other two are primarily advocating for peer
10 advocates who are culturally sensitive and who
11 believe in equity. Do you -- and in addition to
12 more comprehensive centers, do both of you
13 support peer advocates?

14 DENISE AMATO: As far as me, myself, I
15 definitely would. Even considered to become an
16 adult peer advocate, and I highly believe that
17 they are a very valuable service. And they would
18 give a little bit more of a humanitarian touch to
19 people dealing with behavioral issues compared to
20 a psychiatric or nurse practitioner who sits at
21 her computer and can't even give the patient 20
22 minutes of their time and with eye contact. They
23 are just sitting there dut, dadut, dadut, dadut,
24 dadut.

25 (applause)

1 DENISE AMATO: These people are human
2 beings with feelings. It doesn't matter what
3 background you came from. People -- like they
4 said, one out of five in society will deal with
5 mental health issues. So we need to make it so
6 that this is like mind, body, soul. You go to
7 your doctor for testing. People should also be
8 able to be treated for the problems that they're
9 feeling emotionally, and we're not doing that.
10 We are very short of our goal.

11 AG LETITIA JAMES: Mr. Vaillancourt, do
12 you want say something?

13 PHILIP VAILLANCOURT: No, I've already
14 (indiscernible).

15 AG LETITIA JAMES: Okay. Thank you. I
16 appreciate your testimony. Thank you all.

17 SARA TAYLOR: Thank you.

18 AG LETITIA JAMES: Thank you.

19 (applause)

20 AAG STEPHANIE CALHOUN: Good afternoon.
21 I'd like to get our next panel taken care of
22 here. Melinda Dubois, Mental Health Advocates of
23 Western New York, Chacku Mathai, member of New
24 York State Behavioral Health Services Advisory
25 Council. Just please be mindful of the clock,

1 but as well as speak into the microphone thank
2 you.

3 MELINDA DUBOIS: Thank you.

4 WOMAN: You may begin.

5 MELINDA DUBOIS: Okay. Thank you,
6 Attorney General, for holding this public
7 hearing. My name is Melinda Dubois, and I am the
8 Executive Director of the Mental Health Advocates
9 of Western New York. And I'm also the Chair of
10 the Anti-Stigma Coalition.

11 Today I'd like to speak about four
12 specific issues, children's services, peer
13 support, crisis care, and the importance of
14 prevention. At MHA, we help families negotiate
15 the children's system of care. Parents
16 consistently say it is confusing and inadequate.

17 At times, families are forced to make
18 incredibly difficult decisions, and you heard
19 about some of those decisions in the previous
20 panel. We work with families who have taken out
21 second mortgages to get their child the care they
22 need. Parents who refuse to allow their child to
23 be discharged to their home due to the fear that
24 they have that their other children will be hurt
25 or traumatized. Sometimes CPS is called on these

1 parents.

2 We have families who have had to quit
3 their jobs to care for their child. Our family
4 peer advocates work with parents who are
5 frustrated, feel defeated, and are desperate for
6 help. There are not enough residential treatment
7 centers. The system for accessing these services
8 is cumbersome and complicated, and our children
9 are suffering.

10 Our court-appointed special advocates
11 work with abused and neglected children who
12 consistently fall through the cracks. They are
13 languishing within systems that are not adequate
14 to meet their special needs. At MHA, we
15 frequently hear complaints about the care
16 received at CPEP.

17 We know that CPEP is understaffed and
18 under-resourced. Staff are working under very
19 difficult conditions, and both staff and patients
20 are feeling traumatized. CPEP reform needs to be
21 a priority. We need a CPEP where our most
22 vulnerable citizens are wrapped around with love
23 and compassion, where their needs are met, and
24 they are treated with dignity, where adequate
25 follow-up care is available, where visits to CPEP

1 are rare because needs are met in the community.

2 When that happens, we will be on our
3 way to supporting our vulnerable citizens. And
4 until that happens, our services will come up
5 short. At MHA, our staff are peers. While New
6 York State recognizes the power of peers in the
7 workforce, the overly restrictive regulations
8 required by OMH make it difficult for smaller
9 peer agencies like MHA to continue to provide
10 this essential care.

11 It is time for us to recognize that
12 alternative methods of care can be just as
13 effective as traditional models. Community
14 mental health workers, peers, and alternative
15 treatments are essential to the future of mental
16 healthcare.

17 This is a community-wide problem and
18 needs to be addressed in every part of the
19 community in schools, in workplaces, and on the
20 streets. And finally, prevention is key. At
21 MHA, we provide programs in schools for children
22 as young as four years old.

23 AG LETITIA JAMES: Mmm.

24 MELINDA DUBOIS: Our youth peer
25 advocates like Doug Hahn are in middle school and

1 high schools. We provide mental health first aid
2 training. Our prevention programs should be
3 funded and in every school. In New York state,
4 mental health education is a requirement, but we
5 know that many underfunded, understaffed schools
6 are checking the box rather than vigorously
7 incorporating mental health into every aspect of
8 their teaching. It is as important as math and
9 science.

10 In closing, changing the system will
11 require a coordinated effort. It must, must
12 include consumers and peers in the solution, and
13 will only succeed if mental health is addressed
14 at every level. Prevention, early intervention,
15 addressing stigma, ensuring all have access to
16 care, and finally, treating individuals and
17 families in crisis with compassion, dignity and
18 love are essential to the solution. When these
19 changes occur, we will be on the right path to
20 addressing the mental health needs of our
21 community.

22 AG LETITIA JAMES: Thank you.

23 MELINDA DUBOIS: Thank you very much.

24 (applause)

25 CHACKU MATHAI: Thank you very much --

1 AG LETITIA JAMES: Thank you.

2 CHACKU MATHAI: -- for having all of us
3 here --

4 AG LETITIA JAMES: Thank you.

5 CHACKU MATHAI: -- and for taking the
6 time to organize the hearing, Attorney General.

7 AG LETITIA JAMES: Thank you.

8 CHACKU MATHAI: You know, I've
9 submitted written testimony. My head's spinning
10 a little bit after listening to all the great
11 comments from everyone. I applaud all the
12 comments. You know, I think the best way for me
13 to proceed is to start with probably just a
14 couple of main points.

15 One is that, you know, I myself am here
16 as a person with lived experience. In my family,
17 we emigrated here from -- I'm born in Kuwait. My
18 family's from India. We emigrated in the 70s to
19 New York City, and then, you know, we've been a
20 resident in Rochester, New York. We moved to New
21 York City first, then Rochester. I was in
22 Albany, back to Washington Heights, and now back
23 to Rochester.

24 We moved back to Rochester just before
25 the video of Daniel Prude being killed was

1 revealed, you know? And we were in the streets
2 immediately ourselves. And I say this because as
3 a person who's -- my family, you know, saw me
4 struggling as a very young child dealing with
5 xenophobia and racism in the community with the
6 bullying and the assaults and the -- you know,
7 all the rejection, you know, of, you know, seeing
8 students and teachers that didn't look like me --

9 AG LETITIA JAMES: Right.

10 CHACKU MATHAI: -- or sound like me or
11 talk like me. So I guess when we -- when they --
12 when I started to, you know, flip tables, and
13 struggle, and think my parents were trying to
14 kill me, and not trust anyone around me, and lose
15 the sense of safety wherever I was, you know, my
16 parents didn't know what to do.

17 AG LETITIA JAMES: Mmm.

18 CHACKU MATHAI: They certainly didn't
19 call 911. You know, then when police came, they
20 didn't want to try to tell them where I was, you
21 know? They were trying to keep me safe. So
22 there was a real quandary we were in. Who do we
23 turn to, you know?

24 And so when I -- after a suicide
25 attempt at the age of 15, I was also using drugs

1 and, you know, I had a number of issues, you
2 know? Substance use issues, mental health
3 issues. My father was in -- I was in the
4 hospital and my father went to a friend of his in
5 church. And he just said, look, my son's in the
6 hospital, he tried to kill himself, he's on
7 drugs, he's on the street. I don't know what to
8 do, you know?

9 And this man said something that
10 changed our family's life, you know? He said to
11 my father me too, my son's also struggling. I
12 just took a medical leave he said, and we just
13 renovated an old horse barn across from the high
14 school, you know, the high school in Rochester.
15 And we've put some pool tables in it, some
16 couches, and we gave it to the young people to
17 support each other. Maybe your son will go
18 there.

19 AG LETITIA JAMES: Mmm.

20 CHACKU MATHAI: And my son said, yeah,
21 I'll give it a shot, you know? So he went with
22 me to this place, and I looked through the
23 window, and I could see that they looked like the
24 same people that had been fighting me and
25 bullying me all the time, you know? So I said

1 here we go again.

2 I opened the door, and this skinhead --
3 you know, I looked very different. I had long
4 hair that I didn't let anybody touch, you know,
5 and I was a 100 pounds soaking wet maybe. And I
6 had a -- you know, I always had a scowl on my
7 face. And this guy who was playing pool, he was
8 a skinhead. He looked like -- exactly like
9 whoever would protect me. He looked at me with
10 these warm loving eyes and just said, hey, you
11 want come over and play some pool.

12 It somehow disarmed me. I don't know.
13 It was like a magnet. I just walked right up to
14 him, you know, and said sure. And he even made a
15 joke about my hair, you know, and that -- usually
16 those are fighting words, you know? Instead I
17 said, yeah, maybe I will get a haircut one day.
18 You know, that kind of thing.

19 And I've been that -- I was in that
20 place ever since. That peer support that showed
21 up in that environment, the advocacy
22 opportunities, Representative Louise Slaughter
23 was one of the first people to ask me what do you
24 think we need to do, you know? And I was on
25 panels like this ever since for the last 37 years

1 or so I think now.

2 AG LETITIA JAMES: Mmm.

3 CHACKU MATHAI: And we've been saying
4 the same thing. Stop forcing us into care into
5 the types of services that we don't want.

6 (applause)

7 CHACKU MATHAI: And seeing the people
8 that are black and brown as solutions in your
9 community, not as the people who are dangerous,
10 you know? Look for our leadership and turn to
11 us. So I have some other answers, but I know my
12 time is up because I've really appreciated
13 everyone's comments.

14 AG LETITIA JAMES: I can actually
15 listen to you longer, so -- I really want to
16 thank you both for your testimony. So Ms.
17 Dubois?

18 MELINDA DUBOIS: Dubois.

19 AG LETITIA JAMES: Dubois, alternate
20 methods of care and alternatives to treatment,
21 give me -- talk a little bit about that.

22 MELINDA DUBOIS: Sure. I think you
23 might've heard earlier Sara Taylor talking a
24 little bit about some alternative methods of
25 treatment. What we've found is that really peer

1 support has so much impact as we've heard from
2 other panelists because they've been through this
3 experience. They know what it's like for
4 individuals.

5 They have such power and influence over
6 individuals who are struggling. In New York
7 state, in order to become a peer, you go through
8 a lot of training, and you can get your
9 provisional peer credentials, and then you have
10 to go through more training.

11 AG LETITIA JAMES: Right.

12 MELINDA DUBOIS: It's extensive
13 training, which I love, and I approve, except for
14 it's again onerous, and sometimes not billable in
15 the ways that you would think it should be. And
16 so when we can find alternative methods of care
17 like peer support, like community mental health
18 workers. A wonderful example of that is what
19 Buffalo Urban League's Project Hope did during
20 COVID and then did after 5/14 and then after the
21 blizzard.

22 They knocked on doors, went to people's
23 homes, and asked them if they needed help. That
24 was an effective model. We expect people to come
25 to our brick and mortar clinics, to our

1 hospitals, to our locations. They system is made
2 for the professionals. It's not make for the
3 individuals that are seeking help.

4 (applause)

5 AG LETITIA JAMES: Yeah. So Mr.
6 Mathai, what's interesting is this hearing has
7 been primarily focused on support for peers.
8 We've talked a little bit about beds to a certain
9 extent, but it's more about peer support and
10 about making sure that there is more community-
11 based organizations. So where do you fall in the
12 spectrum? Is it more peer support? Is it less
13 institutionalization, or...

14 CHACKU MATHAI: Yeah. So I've been
15 pretty consistent in our advocacy around needing
16 to scale up the community supports --

17 AG LETITIA JAMES: Okay.

18 CHACKU MATHAI: -- and all of the
19 alternative -- I have been an advocate for all of
20 the alternatives, my family and I, ever since
21 because the tying up the dollars in institutional
22 care -- and we were rejecting all of that
23 institutional care. It wasn't what was going to
24 work for us. We were trying to get out of that
25 type of a system --

1 AG LETITIA JAMES: Right.

2 CHACKU MATHAI: -- and approach. But
3 to actually engage us and support us in the
4 community, there's a lot of great models out
5 there now. I mean, so everything from the crisis
6 support that we could offer. There's inset
7 models that -- in Westchester that we could
8 expand. That supports the same group of people
9 that are normally put into Kendra's Law,
10 petitions.

11 AG LETITIA JAMES: Yeah.

12 CHACKU MATHAI: So 70 percent of that
13 population was being engaged successfully.
14 There's cahoots model for police and we're trying
15 to propose that under Daniel's Law.

16 AG LETITIA JAMES: Right.

17 CHACKU MATHAI: There's a model where
18 that's combining peer and EMT support in that
19 regard of crisis gauging. And everything from
20 employment to housing to all the social
21 determinants that people were already speaking to
22 need to be intersected with those supports that
23 we're talking about in the community, and to have
24 them be part of -- just part and parcel of how
25 some -- somebody operates.

1 AG LETITIA JAMES: Right.

2 CHACKU MATHAI: Another one I want to
3 mention is self-directed care, and this is where
4 somebody would actually receive the funds that
5 would normally be given to a provider. And
6 instead, that person now --

7 AG LETITIA JAMES: Right.

8 CHACKU MATHAI: -- with a broker gets
9 to choose what kind of supports they want. So if
10 I don't have a person of color as a therapist --

11 AG LETITIA JAMES: Right.

12 CHACKU MATHAI: -- that's funded in the
13 public system, I can go get that in the private
14 system with those dollars. If I want a
15 particular yoga class or something else, which by
16 the way my family has -- I hated yoga growing up
17 because they pushed it so much. You know what I
18 mean? But it's part of our healing process.
19 Ayurveda is part of our healing. So these are
20 the kinds of things that could get funded and
21 supported more effectively.

22 AG LETITIA JAMES: Yeah, and I support
23 more yoga in our schools, particularly in the
24 elementary schools.

25 CHACKU MATHAI: That's right.

1 AG LETITIA JAMES: So I thank you all
2 for your testimony. I appreciate you.

3 CHACKU MATHAI: Thank you.
4 (applause)

5 AAG STEPHANIE CALHOUN: Our next panel
6 is Michele Brooks, former Executive Director of
7 Buffalo National Alliance on Mental Illness,
8 Frank Cerny, the Rural Outreach Center, Shannon
9 Higbee, CEO of Recovery Options Inc. Just a
10 reminder to speak into the microphone. We have a
11 hard stop at four minutes for each of your
12 discussions, and I will flash you towards the
13 end. Thank you.

14 SHANNON HIGBEE: Good afternoon. Thank
15 you for those of you who have stuck with us all
16 afternoon here. I'm Shannon Higbee, and I serve
17 as the CEO of Recovery Options, a peer-run
18 community mental health organization serving
19 western New York and the Finger Lakes region.

20 Today I speak on behalf of three
21 additional western New York agencies, Restoration
22 Society, Community Missions, and Liberty
23 Resources. We are all members of the New York
24 Association of Psychiatric Rehabilitation
25 Services, a statewide partnership of people who

1 use and/or provide community mental health
2 services under the leadership of its CEO Harvey
3 Rosenthal.

4 Together we bring nearly 250 years of
5 collective experience in providing high quality,
6 peer-focused community mental health services.
7 We appreciate the attorney general's interest in
8 feedback about the barriers that exist in
9 accessing adequate mental health treatment in
10 western New York, especially as regards to crisis
11 services for children and adults.

12 We acknowledge that New York State has
13 made a number of significant investments in the
14 mental health crisis continuum and mental health
15 services as a whole. However, we know that every
16 day children, families, and adults continue to
17 spend hours or days in waiting rooms for crisis
18 services and supports that ultimately often fail
19 to fully address the needs of the individual when
20 proven models for voluntary community
21 alternatives do exist.

22 We do not believe that a blanket
23 solution of just increasing inpatient hospital
24 beds is the appropriate solution to address the
25 complex needs of New Yorkers experiencing mental

1 health crises. Our agencies offer peer-operated
2 services addressing a range of needs, including
3 services for children and families, housing
4 support, advocacy, employment, crisis and
5 wellness planning, community engagement, and
6 homelessness utilizing evidence-based models.

7 We're especially adept at providing a
8 continuum of crisis services that are getting
9 considerable attention across the state. For
10 example, Recovery Options is poised to open the
11 first of its kind 24-hour Kirsten Vincent Respite
12 and Recovery Center in the underserved Fruit Belt
13 neighborhood in Buffalo, New York in early 2023
14 that combines multiple levels of crisis and
15 community services and supports in one facility
16 through collaboration with Spectrum Health and
17 Human Services and Western New York Independent
18 Living.

19 Using proven models of hospital
20 diversion, this center and others like it offer a
21 voluntary recovery-focused alternative to
22 inpatient hospital care that promotes ongoing
23 community independence for its guests while
24 offering a cost-effective and trauma-informed
25 response. We have also launched a peer workforce

1 development project in the Fruit Belt to support
2 staffing this model to keep our promise to the
3 community to staff from the community for the
4 community.

5 However, a lack of community and first
6 responder understanding of available hospital
7 alternatives has created a systemic
8 underutilization of peer-operated services where
9 hospital emergency rooms have become a default
10 response to all mental health crisis regardless
11 of available alternatives.

12 This cycle can only be broken through
13 developing, fully funding, and appropriately
14 marketing and educating both the public and
15 providers, including first responders, on a full
16 continuum of crisis resources that focuses on
17 alternatives, including the 988 crisis hotline,
18 mobile crisis teams, crisis stabilization, mental
19 health crisis respite, and drop-in programming.

20 Currently there are four beds of mental
21 health crisis respite in Erie County, which we
22 operate, and four beds in both Chautauqua County
23 and Cattaraugus Counties together, which we
24 operate, and those are the only mental health
25 crisis residents' beds available across those

1 three counties.

2 These programs are highly effective in
3 diverting people from hospital emergency and
4 inpatient settings, but are often not funded at a
5 level that allows for consistent and quality
6 staffing or effective community marketing. We
7 have inadequate community crisis supports funded
8 in an inadequate level to provide competitive pay
9 for quality staff and community education and
10 marketing about viable alternatives to
11 hospitalization.

12 Stronger investment in and utilization
13 of these proven service models will ultimately
14 reduce reliance on costly and sometimes
15 ineffective hospital systems as the primary
16 provider of mental health crisis care. I have
17 provided additional information and
18 recommendations in my written testimony,
19 including the impact of housing and homelessness.

20 And in conclusion, on a personal note,
21 I live in Chautauqua County, and I have several
22 family members that have had to either move away
23 from the area to get appropriate services, or
24 just don't have services at all for their mental
25 health and substance use concerns. So it's

1 important to me both on a systemic level and a
2 personal level that we talk about peer-operated
3 services and how they can help serve the
4 community and fill in those gaps that aren't
5 provided by traditional mental health services.
6 Thank you.

7 (applause)

8 FRANK CERNY: Thank you, Attorney
9 General, for bringing this together.

10 AG LETITIA JAMES: How are you, sir?
11 Thank you.

12 FRANK CERNY: I represent the Rural
13 Outreach Center located in the southern part of
14 Erie County. We represent parts of western
15 Wyoming County, northwestern Alleghany County,
16 the norther part of Catt County, and a little bit
17 of Chautauqua County. All of those rural areas.
18 And I must say representing rural areas, we are
19 used to being at the bottom of the agenda for
20 most of these things.

21 The incidents of domestic violence,
22 suicide, and many other social ills is higher,
23 the incidence is higher in rural areas than in
24 metropolitan areas. That's a statistic that most
25 people don't know. Related to that, then, is

1 higher incidence of mental health (indiscernible)
2 and other issues that need to be dealt with.

3 This on top of the fact that there are
4 no resources, no resources available to these
5 areas, and accessibility is a difficult issue.
6 So in what we call ROC County, Rural Outreach
7 County, there are 8,500 people without access to
8 transportation. Let that sink in for a young
9 child who's trying to have a normal childhood.

10 AG LETITIA JAMES: Mmm.

11 FRANK CERNY: It doesn't work. So we
12 have developed a model where we try to bring all
13 of the resources needed for our population in one
14 place to eliminate all of these other
15 transportation related barriers, and we provide
16 assistance for transportation.

17 We measure outcomes. We measure
18 housing changes. We measure changes in mental
19 health. We measure changes in cash reserves. We
20 measure everything we do. Our model works
21 because we know that in any given year 50 percent
22 of our people improve their mental health status.
23 Over 60 percent of our people improve their
24 housing, and so on.

25 We recognize that you cannot treat

1 mental health issues in silos, particularly in
2 rural areas, because people cannot get themselves
3 from one place to another place to another place.
4 We have had municipalities tell us -- when we ask
5 for public support, tell us that they don't need
6 to help us because all we need to do is send them
7 to Buffalo, Olean, Warsaw, and other
8 municipalities. That is unfair. That's not a
9 way to treat a large part of our population.

10 So we advocate for our rural population
11 different solutions because they're different
12 issues. And I urge you to listen to the voices
13 of the rural population. Thank you.

14 AG LETITIA JAMES: Thank you, sir.

15 (applause)

16 MICHELE BROOKS: Hello. I'm Michele
17 Brooks. I'm here as a family member for my
18 daughter, but I also have a lot of experience
19 having been a member of the National Alliance on
20 Mental Illness of Erie County and their previous
21 Executive Director.

22 I'm speaking today for my daughter as
23 well as other who've experienced the deplorable
24 and inhumane conditions at the -- at CPEP at
25 ECMC. There's been references made to that --

1 you know, the conditions there, but I think it's
2 really important to highlight in more detail what
3 those conditions are.

4 I want to first say that I've worked
5 with compassionate and caring wonderful
6 professionals and staff there, and worked with
7 them over the years. And I just want to say that
8 that is not my primary purpose of talking about
9 CPEP.

10 My daughter had a crisis back in April.
11 It lasted over several days. And as a last
12 resort, we ended up at CPEP. She was first
13 ushered into a cold room. I was with her at that
14 point while wearing just very thin, you know,
15 hospital scrubs. She had to actually ask -- I
16 had to advocate to get her a sheet to cover
17 herself and be -- but we were sitting there
18 freezing, you know, air blowing down on us when
19 three people burst into the room, three males,
20 one of them a security guard, you know, with a
21 police officer with his, you know, very
22 intimidating uniform.

23 She was then entered into the CPEP area
24 with the -- you know, with locked doors as has
25 been mentioned. She had a long wait time, as

1 many others have, some as long as, you know, over
2 60 hours. They're given no expectation of how
3 long they're going to be there. There's only
4 chairs. You cannot sleep. There are no beds.
5 People sleep on the floor, on the hard floor.

6 There were three reclining chairs,
7 which were, you know, occupied. And as my
8 daughter, it was every man, you know, for
9 himself. She was able to get a couple of chairs
10 and put them together to create somewhat of a
11 bed, but said anyone new to the room was just --
12 it was up for them to find a place to sit.

13 She was afraid, very afraid. There was
14 males and females together in this room in this
15 clothing that makes you feel extremely
16 vulnerable. She said some people inadvertently
17 that were exposed wearing these clothes. She was
18 afraid of people with varying degrees of mental
19 illness were walking around. Somebody kept
20 coming to stare at her.

21 There were, you know, altercations.
22 She was afraid to use the bathroom because she'd
23 lose her chairs. She -- there was urine on the
24 floor. She said it was Cuckoo's Nest. I've
25 heard that on several occasions. She was scared

1 to get water from the water pitcher. It was on a
2 table which happened to be surrounded by staff
3 that were hanging out there.

4 There's bright lights. There's
5 televisions. There's noise. You -- there's just
6 no way to sleep. And you're very vulnerable and
7 fragile at that point. I want to make sure I get
8 this in. It's just like mental suffering. I did
9 speak -- when speaking with one of the
10 administrators, she said no one should ever leave
11 the hospital worse than they came in. That was
12 not the case with my daughter.

13 She disengaged with her therapist,
14 psychiatrist, myself, my family. And you know,
15 I've heard all the reasons. I know the situation
16 well, but as I had reasons are -- they become
17 excuses when they're used to avoid
18 responsibility. And I'm honestly -- we need to
19 move beyond the reasons and come up with some
20 solutions here. And they need to be immediate,
21 not after all these systemwide changes are made,
22 you know, in the future. Something needs to
23 happen now to prevent suffering by people in the
24 emergency room.

25 AG LETITIA JAMES: Thank you, Ms.

1 Brooks.

2 MICHELE BROOKS: Thank you.

3 (applause)

4 AG LETITIA JAMES: I look forward to
5 again meeting with the executives at ECMC so that
6 we can address some of the issues that you've
7 raised.

8 Mr. Cerny, thank you again for
9 representing the interests of the rural
10 community, and I would like to meet with you at
11 some point in time to talk about the issues that
12 you mentioned. I did not know that domestic
13 violence and suicide and mental health were
14 higher in rural counties. And I look forward to,
15 again, you educating me further at some point.

16 And Ms. Higbee, the beds that you
17 mentioned, I do -- is that sufficient to meet the
18 needs of the ten counties that you cover?

19 SHANNON HIGBEE: Absolutely not. And
20 there are other respites in other counties, but
21 we do particularly do the mental health respite
22 beds for Erie County and for Chautauqua and
23 Cattaraugus County. And so we have four combined
24 beds in one facility for Chautauqua and
25 Cattaraugus County. We are working to hopefully

1 bring another 12-bed program online in Chautauqua
2 County. It's fighting for funding for that.

3 As part of the Kirsten Vincent Respite
4 and Recovery Center, that will add eight
5 additional intensive respite beds to serve those
6 individuals that fall in between that short-term
7 crisis residence level of support and the
8 hospital level of support to continue to fill
9 that gap for those individuals that aren't being
10 admitted to CPEP but still need support.

11 That will add eight additional beds in
12 the first quarter. We certainly don't think that
13 that's going to long-term be sufficient because,
14 as others have mentioned, crisis stabilization
15 centers, which we're also a part of --

16 AG LETITIA JAMES: Yeah.

17 SHANNON HIGBEE: -- are great for 23
18 hours and 59 minutes, but there has to be
19 somewhere to go after that. And so we're working
20 to develop those where-do-you-go-after-that
21 resources concurrently with crisis stabilization
22 centers. However, we're self-funding at this
23 point, so --

24 AG LETITIA JAMES: Wow.

25 SHANNON HIGBEE: -- we went out and

1 raised funds from the county from, as April
2 Baskin mentioned, Chairwoman Baskin, the county
3 legislature gave some. But the majority of the
4 funds for the Kirsten Vincent Respite and
5 Recovery Center came from community foundations
6 like OSHI, like Tower, like the Patrick Lee
7 Foundation, and others who stepped up to help us
8 fund resources because the State isn't funding
9 them at a level that is consistent with the need.

10 AG LETITIA JAMES: Well, we will join
11 with you to make sure that you get some of those
12 state funds as proposed by the governor of the
13 state of New York, and also to provide a
14 marketing program so first responders divert
15 individuals from hospitals. I thank you all for
16 your testimony, and I look forward to working
17 with each and every one of you.

18 (applause)

19 AAG STEPHANIE CALHOUN: Our final panel
20 of the afternoon Cindy Lee, OLV Human Services
21 Lackawanna, Elizabeth McPartland, Children and
22 Family Services Buffalo. Just remember to speak
23 into the microphone. A hard stop at four
24 minutes, and I'll try to cue you to help you
25 along.

1 CINDY LEE: Thank you, Madam Attorney
2 General, for the opportunity to share with you
3 and your team our experience providing mental
4 health services and our recommendations for
5 improving access to and quality of mental health
6 services in western New York.

7 AG LETITIA JAMES: Thank you.

8 CINDY LEE: My name is Cindy, and I am
9 the CEO of OLV Human Services. As a quick
10 background, OLV is the legacy of Father Nelson
11 Baker who, in the late 19th Century created a
12 place for the care of orphans, pregnant and
13 mothering teens with and without families, and
14 children rejected by their families for
15 unmanageable behavior.

16 Today OLV provides mental health
17 services to approximately 12,000 individuals
18 annually with a wide array of services.
19 Residential treatment for children and
20 adolescents, early assessment in intervention for
21 young children displaying behavioral or
22 developmental problems, schools for children from
23 ages 3 through 21 with developmental, behavioral,
24 and mental health challenges, an outpatient
25 mental health clinic, and group homes for

1 developmentally disabled adults.

2 I'm proud to say that OLV also operates
3 an intensive treatment program, the only
4 residential treatment program in New York state
5 for children and adolescents with a dual
6 diagnosis of autism and/or an intellectual
7 disability, and also a mental health diagnosis.
8 This was a cross-systems collaboration with OMH,
9 OPWDD, and the state education department.

10 One of the root causes of our
11 community's collective shortfall in the provision
12 of and access to mental health services is
13 staffing. And the root of staffing is funding.
14 Our programs rely almost entirely on funding by
15 federal, state, and county government sources
16 with the largest portion from New York State.

17 Unfortunately, funding has not kept
18 pace with the rising need for mental health
19 services or the macroeconomic challenges
20 affecting wage levels and the job market. When
21 the wages that are offered, which depend largely
22 on the rates set by the various New York state
23 oversight agencies, are not competitive with jobs
24 in the retail, fast food, and other less
25 challenging spheres, staffing becomes a seemingly

1 insurmountable hurdle affecting the quality of
2 service provision.

3 Insurance coverage is an area where
4 policymakers might be able to help enhance the
5 provision of mental health services. We are able
6 to provide many services to children if they have
7 Medicaid or are enrolled with the Medicaid
8 Managed Care Plan. For those ineligible for
9 Medicaid but with private insurance, the same
10 level of services are not available.

11 AG LETITIA JAMES: Hmm.

12 CINDY LEE: Not all private health
13 insurance plans include children's mental health
14 services. In addition, services that are
15 provided only to Medicaid-eligible children, such
16 as children and family treatment support
17 services, or home- and community-based services,
18 have options that are not available to others.

19 Those options enhance basic mental
20 health services, but non-Medicaid families cannot
21 obtain them even if they offer to pay out-of-
22 pocket because Medicaid eligibility is a pre-
23 requisite.

24 AG LETITIA JAMES: Hmm.

25 CINDY LEE: I would respectfully urge

1 policymakers to find a way to make these services
2 available to any child in need, not just for
3 those with Medicaid benefits through a
4 combination of regulatory changes and working
5 with the private insurance plans to reimburse for
6 those services.

7 Lastly in closing, I would be remiss if
8 I did not share an example of the kind of success
9 that can come about as a result of collaboration
10 between the state, local authorities, our expert
11 and caring staff, and the families of the
12 children that we serve.

13 Jay, a 16-year-old, was referred to our
14 intensive treatment program in 2017. He'd been
15 living on the med surge floor of ECMC for a year
16 because there was no appropriate in-state
17 placement for him. He had a diagnosis of autism
18 along with a mental health condition.

19 His mother had passed away and his
20 father was very ill, which made being home not
21 possible. When Jay was admitted to OLV, he had
22 limited verbal ability and was self-abusive,
23 which included biting himself and rectal digging
24 to the point of making himself bleed.

25 Because of these behaviors, going into

1 the community was not possible, and Jay required
2 supervision 24/7 to keep him safe. During his
3 stay, Jay's father passed away leaving him with
4 limited discharge options. The average length of
5 stay in our intensive treatment program is
6 approximately six months. Jay's was one and a
7 half years.

8 Over that time, as a result of skilled
9 therapeutic behavioral and educational supports,
10 he was able to participate in community
11 recreation activities, experienced opportunities
12 to visit extended family members at their home,
13 and established a school routine. His self-
14 injurious behaviors were significantly reduced.

15 Jay currently resides in a group home,
16 and remains with us for his education, and he
17 will graduate in June. Jay's progress
18 exemplifies the life-changing success that we can
19 achieve when we collectively work towards
20 providing the time, human, and financial
21 resources for those in our community facing
22 developmental and mental health challenges. I
23 thank you for your time and your concern on this
24 important topic.

25 AG LETITIA JAMES: Thank you for ending

1 with a great story.

2 ELIZABETH MCPARTLAND: Thank you, Madam
3 Attorney General, for providing a platform to
4 learn about mental health access in western New
5 York. I'm Elizabeth McPartland, President and
6 CEO of Child and Family Services. Child and
7 Family Services supports youth and adults with
8 mental health illnesses through a number of
9 programs, including home-based and outpatient
10 counseling, special education for youth with
11 emotional needs, intensive case management for
12 children experiencing psychiatric challenges, and
13 residential psychiatric treatment for children.

14 During the last three years, we have
15 seen an increase in the number of children
16 needing help as well as increased severity of
17 their symptoms. Greater demand for mental health
18 supports combined with an insufficient number of
19 professionals able to provide this life-saving
20 intervention has resulted in a crisis in our
21 community.

22 The scarcity of providers is due to a
23 number of factors, including low wages tied to
24 insufficient reimbursement rates and burdensome
25 regulations. Local agencies like ours have

1 significant waiting lists for children to receive
2 mental healthcare. We hear from families, and
3 we've heard from them today, who have waited
4 weeks and months to obtain treatment.

5 Quite simply, we cannot find and hire
6 licensed and unlicensed professionals fast enough
7 to keep up with the demand. Agencies are
8 competing for the same providers who experience
9 high caseloads and high productivity demands.
10 Many clinicians leave this fast-paced work to
11 open private practices or join online telehealth
12 practices. With improved reimbursement rates,
13 less oversight regulations, and fewer
14 documentation requirements, or clinicians move
15 into different career paths all together.

16 In addition to disrupting patients'
17 treatment, the exodus of licensed providers into
18 private practices magnifies an existing equity
19 issue. Most of these outpatient practitioners do
20 not accept Medicaid. Others do not take
21 insurance at all. As a result, these Medicaid
22 outpatient programs have become the training
23 grounds for new graduates who then leave for less
24 demanding and more flexible work.

25 The lack of timely treatment results in

1 an escalation of symptoms, of course, and
2 ultimately stress on the crisis response teams
3 and emergency rooms of our local hospitals.
4 These entities assist in stabilizing the youth.
5 However, the families are not able to access
6 consistent care for their child's needs outside
7 the walls of the hospital.

8 Data supports we're anecdotally seeing
9 in our community, according to the Office of
10 Mental Health vital signs dashboard in western
11 New York 29 percent of children receive no
12 follow-up care after mental health
13 hospitalization. Despite these challenges, I
14 remain hopeful that New York State can care for
15 our children.

16 However, we need the Attorney General's
17 Office to be an advocate for our families.
18 Specifically, I respectfully urge you to examine
19 professional requirements for providing care to
20 the Medicaid population. The oversight required
21 for licensed mental health counselors and
22 licensed marriage and family therapists is
23 handcuffing Article 31 clinics and driving many
24 of these professionals into private practice.

25 Children and families with Medicaid

1 subsequently have access to a very limited number
2 of providers compared to those with private
3 insurance or those who can self-pay. Modifying
4 key regulations related to the supervision of
5 these professionals, as well as allowing
6 utilization of graduate students and increased
7 frequency of licensing exam offerings could
8 expand the number of available professionals to
9 provide treatment.

10 I would be remiss if my comments did
11 not point out a fragile population, which is not
12 receiving the attention and support that it
13 deserves. Children in the child welfare system
14 who are often the victims of abuse and neglect
15 far too often fall through the cracks of our
16 systems waiting significant periods of time for
17 treatment, at times not qualifying for various
18 mental health services.

19 This is sometimes due to rules, and
20 other times due to professional bias. Instead of
21 receiving adequate treatment, youth are labeled
22 as behavior problems and far too often fall into
23 the criminal justice system. In western New
24 York, our organizations are resilient and
25 solution-focused. However, our system is failing

1 many youth requiring that kids fit criteria in
2 order to qualify for specific programs delaying
3 life-saving treatment and at time blocking their
4 access to care all together.

5 It is disjointed and requires both
6 additional funding and modified regulations to
7 recruit additional people into this profession
8 and allow flexibility in how we care for our
9 community. Thank you.

10 AG LETITIA JAMES: Thank you. Ms.
11 McPartland, because of the late hour, do you have
12 these recommendations in your written testimony?
13 You laid out a number of recommendations and I
14 want to follow up on some.

15 ELIZABETH MCPARTLAND: I will ensure
16 that it's there, and both of our organizations
17 participate in the New York State Coalition for
18 Children's Behavioral Health. And you have had
19 staff that have met with our coalition --

20 AG LETITIA JAMES: Mm-hmm.

21 ELIZABETH MCPARTLAND: -- to hear more
22 about these regulatory barriers. So I am
23 grateful for that, and we will continue to send
24 information that way.

25 AG LETITIA JAMES: Yes. We want to

1 look at those regulatory barriers.

2 And Ms. Lee, the private insurance that
3 you spoke of which does not include children's
4 mental health services, do you -- in your written
5 testimony, do you provide the names of those
6 insurance companies?

7 CINDY LEE: I can.

8 AG LETITIA JAMES: You could?

9 CINDY LEE: Yep.

10 AG LETITIA JAMES: Thank you. I would
11 appreciate that. And also any regulations that
12 needed to be changed to address the needs of
13 those children --

14 CINDY LEE: Yes.

15 AG LETITIA JAMES: -- with respect to
16 insurance coverage.

17 CINDY LEE: Mm-hmm.

18 AG LETITIA JAMES: I thank you both for
19 your testimony. And I know that everyone here
20 was talking about staffing, and I'm so glad that
21 you focused on staffing and the need for
22 additional resources to increase the staffing
23 levels at both of your organizations. Thank you
24 both and we will be in touch.

25 ELIZABETH MCPARTLAND: Thank you.

1 AG LETITIA JAMES: I want to thank
2 everyone for joining us today. Yes, we've
3 discussed hard topics, and we've heard really
4 difficult stories. We heard from a number of
5 individuals, but I am especially grateful for all
6 of those who have stayed, and those who have
7 spoke about their struggles and their losses.
8 Thank you so much for your brave testimony and
9 for overcoming the stigma to talk about the issue
10 of mental illness.

11 And to the 21 individuals who spoke
12 today, and the dozens of others who have already
13 provided written testimony, I want to thank you
14 very much. As was mentioned, we will review each
15 and every testimony and follow up on the number
16 of recommendations. We will be having other
17 hearings all throughout the state of New York.
18 And also, some of our recommendations we hope
19 will be incorporated in the state budget as they
20 negotiate the budget.

21 Today offered us the opportunity to
22 look at the current state of our mental
23 healthcare system. We talked about the need for
24 resources, obviously staff, a number of
25 challenges with the civil service system, peer

1 advocates, trauma-informed approach, equity,
2 addressing the stigma, insurance parodies
3 prevention, alternate means of care, and a host
4 of other issues.

5 I started today's hearing with
6 outlining some of the unique issues and obviously
7 you have provided additional issues that are
8 unique to western New York. We've heard about
9 these issues that have helped exasperate the
10 mental health crisis that we find ourselves and
11 our communities in, and we've heard about the
12 difficulty people experience trying to get into
13 residential health facilities, and also
14 alternative means of healthcare.

15 And also the need for, obviously, peer
16 advocates, and the need for staffing, staffing,
17 staffing. We heard about the lack of resources
18 for support, which unfortunately quickly turns
19 into individuals in the criminal justice system,
20 which obviously should not be the correct
21 approach and/or our juvenile justice system.

22 We've heard from public officials,
23 advocates, family members, not-for-profits, and
24 through it all it was clear that our state is
25 facing a mental health crisis, and it needs to be

1 resolved. There's no quick fix to solve this
2 crisis, but the fact doesn't mean that we should
3 throw up our hands and lose hope. I am someone
4 who doesn't believe -- who does not drink, but
5 each and everyday I wake up drunk on hope.

6 So with that -- so it means we've got
7 to roll up our sleeves, we've got to get to work,
8 and this is -- today is really all about, the
9 stories that we've heard, the experiences that
10 have been shared. And many cases have been
11 heart-wrenching almost bringing me to tears. But
12 obviously, I am someone who is really committed
13 to getting things done, and obviously focusing on
14 the passion that was exemplified today, I am more
15 motivated than ever before.

16 We've got to redouble our efforts,
17 redouble our focus, and the focus of my team here
18 today will -- we will work with all of you in
19 this room to address this crisis. The testimony
20 provided both from this hearing and as written
21 testimony will be invaluable to all of us as we
22 move forward with recommendations. And my
23 office, as I mentioned, will read everything.

24 So I thank all of you here today, and
25 thank you for your hospitality, your warmth.

1 Thank the library again. We love western New
2 York. This is not my first visit. I will be
3 back again and again and again until we get this
4 right. And I know that, again, I'm going to be
5 depending on all of you to provide the
6 information because all of you represent
7 individuals on the ground, and you're closer to
8 this issue, and it's really critically important
9 that we lean on your experience.

10 With the information we collected, we
11 will work to help all New Yorkers impacted by the
12 mental health crisis using traditional means of
13 care, and also non-traditional means of care.
14 And with that, I wish you all a great afternoon
15 and a great evening. And may God continue to
16 bless each and every one of you. Thank you all.

17 (End of recording)

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C E R T I F I C A T I O N

I, Sonya Ledanski Hyde, certify that the foregoing transcript is a true and accurate record of the proceedings.

Sonya M. Ledanski Hyde

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